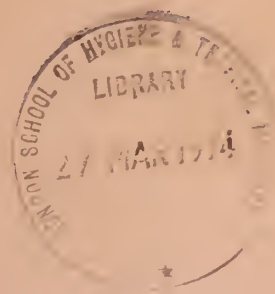


AC. 463 (1)



BURGH OF AIRDRIE

Report by Medical Officer of Health for Year 1972

BURGH OF AIRDRIE

REPORT BY MEDICAL OFFICER OF HEALTH FOR YEAR 1972



TO THE SCOTTISH HOME AND HEALTH DEPARTMENT

AND

TO THE PROVOST, MAGISTRATES AND TOWN COUNCILLORS

OF THE BURGH OF AIRDRIE

Ladies and Gentlemen,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1972.

This report is furnished in accordance with the request of the Secretary of State as authorised by Section 79 and 87 of the Local Government (Scotland) Act, 1947.

In format it follows the suggestions made by the Scottish Home and Health Department in Circular No. 70/1956 and Local Health Authority Services Circular No. 13/1972.

In the latter circular, information and observations were specifically requested on MATERNITY SERVICE STATISTICS, LINKAGE WITH GENERAL MEDICAL SERVICES, COMMUNICABLE DISEASE AND IMMUNISATION, CERVICAL CYTOLOGY, FAMILY PLANNING, HEALTH EDUCATION, SOCIAL WORK SERVICES, RESEARCH, LABORATORY FACILITIES, CLEAN AIR ACT, 1956, NOISE ABATEMENT ACT, 1960, REFUSE COLLECTION and DISPOSAL, and ENVIRONMENTAL CONTAMINATION.

Reference to some of these topics will be found under appropriate sections in the body of the Report.

It is satisfactory to be able to record that throughout the year the health of the Burgh has been well maintained and that there was no out-break of any major infectious disease.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow-officials for the help and assistance which they have unfailingly given me at all times and the staffs of the Health Department and Nursing Services for their loyal and conscientious work throughout the year.

On April 1st, 1974, the Scottish Health Service is to be completely re-organised and all the functions at present discharged by Local Health Authorities, Executive Councils, and Hospital Boards will henceforth be provided and administered by all-purpose Area Health Boards.

It has been indicated that a formal narrative Report will not be required for 1973 from Medical Officers of Health whose function and office are to disappear. This will thus be the last Report of this kind which will appear either for Airdrie or anywhere else - the last in a sequence which I have personally submitted for this area covering the period since 1941 although in the years 1941-45 the actual work was supervised by others.

It will be for the future to decide whether the forthcoming changes will provide a better service or even one which is equally acceptable or accessible to the public.

But the die is cast and all the health services elaborated and nurtured by local health authorities to suit the needs of their individual communities will be swept into the maw of a larger and more impersonal organisation which one can only hope will have the same regard for the interests of the community and the problems and well-being of its individual citizens.

This/

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This then is a valediction to local health authorities and all that they have achieved in partnership with their Medical Officers of Health and the staffs of their Health Departments and one which I cannot pen without regret and misgiving.

* "Comme s'envole au vent une paille enflammée
S'évanouit ce bruit qui fut la grande armée!"

I am,

Your obedient servant,

ROBERT J. LUMSDEN,
M.B., Ch.B., M.F.C.M., D.P.H.

Medical Officer of Health.

* (Victor Hugo - "L'Expiation")

INDEX

Page

of Staff	1
ral	2-3
l Statistics	4-8
ministration, co-ordination and joint use of staff	9-10
<u>of Expectant and Nursing Mothers and children under</u>	
<u>ol Age</u>	
(a) Expectant and Nursing Mothers	11
(b) Child Health	11-12
(c) Care of Premature Infants	12
(d) Supply of Welfare Foods etc	12
(e) Dental Care	12
(f) Day Nursery	12
(g) Ante-natal and Post natal Clinics	13
(h) Child Health Clinics	13
(i) Special Sessions for Immunisation Work	13
(j) Orthopaedic Clinic	13
(k) Cervical Cytology	13-14
(l) Dental Clinic	15-19
(m) Maternal Mortality	20
(n) Infantile Mortality and Still Births	21-24
<u>iliary Midwifery</u>	
General and Statistics	25-30
<u>th Visiting Service</u>	
General and Statistics	31-34
<u>e Nursing Service</u>	
General and Statistics	35
<u>estic Help Service</u>	
General and Statistics	36
<u>ination and Immunisation</u>	
General and Statistics	36-42
<u>vention of Illness Care and After Care</u>	
(a) Tuberculosis	43-49
(b) Other Illnesses generally	50
(c) Convalescent Home Provision	50
(d) Care of Old People	
(i) Homes and Hostels	50
(ii) Hostels or similar accommodation	50
(iii) Housing on medical grounds	50
(iv) Home Helps	50
(v) Old People's Clubs	50
(vi) Charitable Bequests and Endowments	50
(vii) Airdrie Old People's Welfare Committee	50
(viii) Chiropody Service	51-52
(ix) Laundry Service	53
(x) Hospital Liaison	53
(e) Prevention of Home Accidents	53
<u>ontrol of Infectious Diseases</u>	
(a) Notifiable/	

INDEX (Cont'd)

Page

(a) Notifiable	54-55
(b) Venereal Disease	56-57

atal Health Service

General and Statistics	58-59
series and Child Minders Reg. Act. 1948	59
se Abatement Act	59
an Air Act	59
arly Detection of Defects in Childhood	59-61
munity Care	62
ool Health Service	62
t Health Service/Food Supply	62
ional Assistance Act	63
sing Home Reg. (Scotland) Act, 1938	63
cial Health Education Projects	63-64
eral Sanitation	64-65
erannuation / School Crossing Patrols	65
k & Dairies / Food and Drugs	66
sing / Factory Act, 1961	66-68

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HEALTH DEPARTMENT

LIST OF STAFF

Medical Officer of Health

Robert J. Lumsden, M.B., Ch.B., M.F.C.M., D.P.H.

Director of Nursing Services

Miss H. Brown, R.G.N., S.C.M., Q.N., H.V.

Health Visitors

Miss K. McCann, R.G.N., R.F.N., S.C.M., H.V. (Retired 30.11.72)

Miss I. Black, R.G.N., S.C.M., H.V., F.W.I.

Miss M. Harvey, R.G.N., R.F.N., S.C.M., H.V. (Retired 6.2.73)

Miss C. Paterson, S.R.N., S.C.M., H.V.

Mrs A. Kirk, S.R.N., S.C.M., H.V.

Miss J. Black, R.G.N., S.C.M., H.V.

Miss M. Reid, R.G.N., S.C.M., H.V.

Mrs H. Morrison, R.G.N., S.C.M., R.M.N., H.V.

Mrs G. Bacon, S.R.N., S.C.M., H.V. (Appointed 11.12.72)

Tuberculosis & Infectious Diseases Nurse

Miss I. Bannerman, R.G.N., R.F.N., S.C.M., H.V. (Retired 31.10.72)

Clinic Nurse

Mrs A. Sweeney, R.G.N., N.D.N. Cert.

Student Health Visitor

Mrs J. Duncan, S.R.N.S.C.M., N.D.N. Cert. (from Midwifery Staff commenced training 2.10.72).

Home Nurses

Miss M. Mair, R.G.N., Q.N.

Miss M. Ferguson, R.G.N., D.T.C.

Miss E. McKeown, R.G.N., S.C.M., D.T.C. (Now Mrs Hughes resigned 30.4.73)

Mrs E. Paterson, R.G.N., S.C.M., D.T.C.

Mrs P. Andrew, R.G.N., D.T.C.

Mrs M. Lowrie, R.G.N., S.C.M., N.D.N. Cert.

Mrs M. Munro, R.G.N.

Miss M. King, R.G.N., S.C.M., N.D.N. Cert. (Appointed 1.9.72)

Mrs J. Cooper, R.G.N., N.D.N. Cert. (Appointed 1.9.72)

Dental Officer

Miss M. Hinshelwood, L.D.S.

Dental Attendant

Miss M. Gardner.

Chiropodists

William P. Beattie.

Miss M. Adam, (Appointed 7.8.72 - Resigned 27.4.73).

Clerical Staff

Mrs A. Veldon - Secretary.

Miss C. Gardner.

Miss E. Campbell.

Miss M. Smillie.

Miss L. Crawford.

Midwifery Staff

See page 27.

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

RECEIVED JANUARY 10, 1964

MEMORANDUM

TO: THE CHAIRMAN, DEPARTMENT OF CHEMISTRY

FROM: [Name]

Subject: [Topic]

[Detailed description of the project or findings, including objectives, methods, and results. The text is very faint and mostly illegible.]

Very truly yours,

[Signature]

[Name]

[Address]

[City, State, Zip]

[Additional information or contact details]

[Name]

[Detailed description of the project or findings, including objectives, methods, and results. The text is very faint and mostly illegible.]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

[Text]

GENERAL

The Burgh of Airdrie was established by Act of Parliament in the year 1821 and its original boundaries have since been further extended by additional legislation.

Its area at the end of 1950 was 2,068 acres. On May, 10th 1951, the Airdrie Provisional Order Confirmation Act, 1951, received the Royal Assent and the effect of this was to add a further 841 acres to the Burgh making the total area now 2,909 acres. The new area extended to the North, East and South of the previous boundaries and provided good additional sites for development. The village of Moffat Mills is now included within the Burgh. Extensive industrial development by a distillery firm is in progress there.

No. of inhabited houses (August, 1972)	- 11,969
Total rateable valuation (1972-73)	- £2,047,063.00

The figures for 1971-72 was £2,002,569, and in 1956-66 before the revisal of the valuation it was £632,880.

Water Supply

During 1968 there were administrative changes in the water supply arrangements which resulted in the disappearance of the former Airdrie Coatbridge and District Water Board whose organisation and functions were taken over by a new regional authority, the Lanarkshire Water Board, constituted in accordance with the provisions of the new Water (Scotland) Act, 1967.

So far, this has made no difference to the sources and characteristics of the water actually provided in Airdrie. As before this continues to come from Roughrigg, Cowgill and Daer reservoirs.

Roughrigg is fed by a diversion from the Shotts Burn and this water is treated by micro-straining, slow sand filtration and chlorination.

Cowgill impounds the East side and Cowgill Burns in the Parish of Lamington and Wandell and this water which is invariably of high quality is chlorinated only.

Daer impounds the Daer Water, a headstream of the Clyde at Daerhead and this water is fully treated by coagulation, filtration and chlorination in a plant of advanced design completed in 1956. Daer is a very large undertaking with a storage capacity of 4,400 million gallons. Its addition to Lanarkshire resources is expected to provide for foreseeable demands until at least 1986.

Previous Reports have included detailed particulars of the water undertaking and the results of representative analyses.

However, the new Water Board has now assumed full responsibility for the day-to-day supervision of the supply and these matters are therefore no longer part of the activities of the Health Department.

In view of the current interest in the relationship between the degree of water-hardness and heart disease it should be noted that the main sources of supply would be classified as soft waters having each less than 10 degrees of total hardness.

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Sewage Disposal

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the plant installed subjects sewage to a bio-eration process with subsequent sludge digestion. The final product is dried in shallow lagoons and is available as manure.

A large extension to the Sewage Works was completed in April, 1955. This was necessitated by the general growth and development of the Burgh, but the Works are again working at the limit of their capacity and a further extension is under construction and is expected to finally be in operation by 1973.

The following details supplied by the Sewage Works Manager refer to the year 16/5/72 - 15/5/73.

Total flow	1,098 million gallons (estimated)
Sludge for Digestion	1.258 million gallons
Dried sludge sold	30 tons
Income therefrom	£19.00
Designed dry weather flow	3.88 million gallons/day
Average flow	3.00 " " "
Nett Expenditure	£96,659
Cost per million gallons treated	£88.30
Cost per head of population	£2.52

During the year under review the Sewage Works operated under considerable difficulties because of the alterations and extensions which are still in progress.

Some of the data given above are therefore approximations and it was not possible to record exactly the volume of sewage receiving full treatment.

It was estimated that the average flow was 3.0 million gallons per day. This was lower than last year mainly because new storm-water tanks were in operation which limited the flow reaching the Works for full treatment during periods of storm. The troublesome flooding of previous years was thus avoided. The sludge for digestion was also lower because a large quantity is now being sent away by tanker for disposal at sea. A total of 2.562 million gallons or about 8,291 gallons/day were so disposed of.

Analyses of the sewage and effluent and also of the raw and digested sludges were carried out regularly.

Because of the various difficulties the average standard of the final effluent was indifferent but new High Intensity Cones are now operating and since then it has improved to better than "Consent Standard". On occasions it was very good with a Biological Oxygen demand as low as 4.

The average results of analysis of the effluent over the year were
Suspended solids - 45 parts per million (Recommended standard 30)
B.O.D. 70 " " " " " " 20)

The acceptance of trade wastes from Inverhouse Distillery at the beginning of the year had an adverse effect on the works causing overloading and some complaint of smell from adjoining householders.

It is expected that future results will be improved when the extensions are completed and operating factors stabilise.

SECRET

1. The following information was obtained from a confidential source who has provided reliable information in the past.

2. The source has provided information regarding the activities of the [redacted] group, which is active in the [redacted] area.

3. The source has provided information regarding the activities of the [redacted] group, which is active in the [redacted] area.

4. The source has provided information regarding the activities of the [redacted] group, which is active in the [redacted] area.

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VITAL STATISTICS - 1972

Population

A Census was held in 1971 and the mid-year estimate of the population in that year, based on the Census figures, was 37,744.

The vital statistics supplied for this year are calculated on the Registrar General's mid year estimate of 38,281 an increase of 537 from 1971.

Density of Population

In 1971 the density of population was 12.97 persons per acre.

The figure for 1972 is 13.12.

Natural Increase of Population

This is the excess of births over deaths. For the year it amounts to 646. Last year the figure was 414.

Births

The figures given are corrected for transfers.

	<u>Numbers</u>	<u>Rate</u>
All live births	761	19.9 (per 1,000 of estimated population).
Illegitimate Births	50	6.6 (per 100 live births).

Since the beginning of 1939 it has also been compulsory to register still-births. Of these 14 were so registered, equivalent to a still-birth rate of 18.0 per 1,000 total births.

For 1971 the birth rate was 20.5 and the still-birth rate 11.4.

The Scottish birth rate for 1972 was 15.1 and the still-birth rate was 13.3. Our own birth rate standardised on the basis of the Scottish age and sex distribution was 18.8. The Scottish birth rate is the lowest ever recorded and the Scottish still birth rate is second only to the record of 13.1 in 1971.

Marriages

The number of marriages registered was 365 equivalent to a marriage rate of 9.5 marriages per 1,000 of the total population, the figure for last year being 9.9.

Deaths

After allowing for transfers, the number of deaths registered during the year was 415 giving a corrected death rate of 10.8 per 1,000 of the estimated population compared with 9.5 in 1971.

The death rate after adjusting it for the age and sex distribution of the local population and so making it generally comparable with the rest of Scotland, was 14.2 compared with 11.4 in 1971.

The Scottish death rate for the year was 12.5 compared with 11.8 in 1971.

Epidemic Death Rate

This is the death rate from the principal epidemic diseases (in Scotland, typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) per 1,000 of the estimated population.

For the year it was 0.05 compared with 0.03 in 1971.

Infantile Mortality Rate

This is the number of deaths of infants under 1 year of age expressed per 1,000 of all live births.

During the year the figure was 22, compared with last year's figure of 26.

The rate for infant deaths occurring under the age of 4 weeks was 11 compared with 14 in the previous year.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

Principal Causes of Death

The chief certified cause of death as given by the Registrar General are as follows:-

Heart Disease and circulatory disease (other than cerebral)	151.
Cancer and other malignant disease	82*.
Cerebral Haemorrhage	65.
Respiratory Tuberculosis	3.
Congenital debility, Prematurity, Birth Injury, Malformation etc.	9.
Pneumonia (except of new born)	20.
Bronchitis	18.
Other Respiratory Disease	4.
Disease of Nervous System	2.

There were 11 deaths from violence, including 4 road accidents and 4 home accidents. There were 2 suicides.

* Including 25 deaths from malignant neoplasms of the respiratory tract. Twenty-two of these were in males aged 45-85 and 3 in females within the same ages. In 1971 there were 21 deaths - 16 males and 5 females.

PRINCIPAL CAUSES OF DEATH FOR 1966 - 1971 FOR COMPARISON

	Number of Deaths					
	1966	1967	1968	1969	1970	1971
Heart Disease etc.	130	150	150	133	157	133
Cancer and other malignant disease - Total	62	58	67	80	65	71
Respiratory System	23	13	11	21	20	21
Cerebral Haemorrhage	51	49	53	51	69	50
Congenital debility, prematurity, Malformation etc.	19	12	14	14	20	13
Pneumonia	16	18	26	18	30	20
Respiratory Tuberculosis	1	1	0	1	1	2

RECEIPTS FOR THE YEAR 1890

RECEIPTS						PARTICULARS
DATE	AMOUNT	PAID TO	BY	FOR	REMARKS	
Jan 1	100	100	100	100	100	Balance forward
Feb 1	50	50	50	50	50	Interest on loan
Mar 1	25	25	25	25	25	Interest on loan
Apr 1	125	125	125	125	125	Interest on loan
May 1	75	75	75	75	75	Interest on loan
Jun 1	150	150	150	150	150	Interest on loan
Jul 1	100	100	100	100	100	Interest on loan
Aug 1	125	125	125	125	125	Interest on loan
Sep 1	75	75	75	75	75	Interest on loan
Oct 1	150	150	150	150	150	Interest on loan
Nov 1	100	100	100	100	100	Interest on loan
Dec 1	125	125	125	125	125	Interest on loan
Total	1000	1000	1000	1000	1000	

SYNOPSIS OF VITAL STATISTICS

1972 COMPARED WITH FIVE PREVIOUS YEARS

	1957	1968	1969	1970	1971	1972
Estimated Population	35,910	35,876	36,188	36,773	37,744	38,281
Natural Increase	516	414	413	356	414	346
Deaths (All live)	868	787	771	752	774	761
Legitimate	40	29	32	42	34	50
Birth Rate	24.2	21.9	21.3	20.4	20.5	19.9
Age Birth Rate	4.6	3.7	4.2	5.6	4.4	6.6
All Births	18	14	13	15	9	14
All-Birth Rate	20	17	17	20	11	18
Marriages	317	317	334	342	372	365
Marriage Rate	8.8	8.8	9.2	9.3	9.9	9.5
Deaths	352	373	358	396	360	415
Death Rate (Corrected)	9.8	10.4	9.9	10.8	9.5	10.8
Death Rate (Adjusted)	11.7	12.4	11.8	12.9	11.4	14.2
Deaths from Epidemic Diseases	1	3	0	3	1	2
Epidemic Death Rate	0.03	0.08	0.00	0.08	0.03	0.05
Deaths from T.B. (All forms)	1	0	2	1	2	4
Death Rate T.B. (All forms)	0.03	0.00	0.06	0.03	0.05	0.10
Deaths from Pul. T.B.	1	0	1	1	2	3
Pul. T.B. Death Rate	0.03	0.00	0.03	0.03	0.05	0.08
Deaths of Infants under 1 year	23	20	23	23	20	17
Infantile Mortality Rate	26	25	30	31	26	22
Annual Deaths	1	0	0	1	0	0
Annual Mortality Rate	1.2	0.00	0.00	1.33	0.00	0.00

Table 1. Summary of the data collected during the field study.

The data were collected from 10 different locations in the study area.

Location	Time	Temperature (°C)	Humidity (%)	Wind Speed (m/s)	Wind Direction	Cloud Cover (%)	Soil Moisture (%)	Plant Growth (cm)	Animal Activity (h)
1	08:00	25.0	65.0	1.5	SE	10	15.0	10.0	1.0
2	09:00	26.0	68.0	2.0	SE	15	16.0	11.0	1.5
3	10:00	27.0	70.0	2.5	SE	20	17.0	12.0	2.0
4	11:00	28.0	72.0	3.0	SE	25	18.0	13.0	2.5
5	12:00	29.0	75.0	3.5	SE	30	19.0	14.0	3.0
6	13:00	30.0	78.0	4.0	SE	35	20.0	15.0	3.5
7	14:00	31.0	80.0	4.5	SE	40	21.0	16.0	4.0
8	15:00	32.0	82.0	5.0	SE	45	22.0	17.0	4.5
9	16:00	33.0	85.0	5.5	SE	50	23.0	18.0	5.0
10	17:00	34.0	88.0	6.0	SE	55	24.0	19.0	5.5
11	18:00	35.0	90.0	6.5	SE	60	25.0	20.0	6.0
12	19:00	36.0	92.0	7.0	SE	65	26.0	21.0	6.5
13	20:00	37.0	95.0	7.5	SE	70	27.0	22.0	7.0
14	21:00	38.0	98.0	8.0	SE	75	28.0	23.0	7.5
15	22:00	39.0	100.0	8.5	SE	80	29.0	24.0	8.0
16	23:00	40.0	100.0	9.0	SE	85	30.0	25.0	8.5
17	00:00	41.0	100.0	9.5	SE	90	31.0	26.0	9.0
18	01:00	42.0	100.0	10.0	SE	95	32.0	27.0	9.5
19	02:00	43.0	100.0	10.5	SE	100	33.0	28.0	10.0
20	03:00	44.0	100.0	11.0	SE	100	34.0	29.0	10.5
21	04:00	45.0	100.0	11.5	SE	100	35.0	30.0	11.0
22	05:00	46.0	100.0	12.0	SE	100	36.0	31.0	11.5
23	06:00	47.0	100.0	12.5	SE	100	37.0	32.0	12.0
24	07:00	48.0	100.0	13.0	SE	100	38.0	33.0	12.5
25	08:00	49.0	100.0	13.5	SE	100	39.0	34.0	13.0
26	09:00	50.0	100.0	14.0	SE	100	40.0	35.0	13.5
27	10:00	51.0	100.0	14.5	SE	100	41.0	36.0	14.0
28	11:00	52.0	100.0	15.0	SE	100	42.0	37.0	14.5
29	12:00	53.0	100.0	15.5	SE	100	43.0	38.0	15.0
30	13:00	54.0	100.0	16.0	SE	100	44.0	39.0	15.5
31	14:00	55.0	100.0	16.5	SE	100	45.0	40.0	16.0
32	15:00	56.0	100.0	17.0	SE	100	46.0	41.0	16.5
33	16:00	57.0	100.0	17.5	SE	100	47.0	42.0	17.0
34	17:00	58.0	100.0	18.0	SE	100	48.0	43.0	17.5
35	18:00	59.0	100.0	18.5	SE	100	49.0	44.0	18.0
36	19:00	60.0	100.0	19.0	SE	100	50.0	45.0	18.5
37	20:00	61.0	100.0	19.5	SE	100	51.0	46.0	19.0
38	21:00	62.0	100.0	20.0	SE	100	52.0	47.0	19.5
39	22:00	63.0	100.0	20.5	SE	100	53.0	48.0	20.0
40	23:00	64.0	100.0	21.0	SE	100	54.0	49.0	20.5
41	00:00	65.0	100.0	21.5	SE	100	55.0	50.0	21.0
42	01:00	66.0	100.0	22.0	SE	100	56.0	51.0	21.5
43	02:00	67.0	100.0	22.5	SE	100	57.0	52.0	22.0
44	03:00	68.0	100.0	23.0	SE	100	58.0	53.0	22.5
45	04:00	69.0	100.0	23.5	SE	100	59.0	54.0	23.0
46	05:00	70.0	100.0	24.0	SE	100	60.0	55.0	23.5
47	06:00	71.0	100.0	24.5	SE	100	61.0	56.0	24.0
48	07:00	72.0	100.0	25.0	SE	100	62.0	57.0	24.5
49	08:00	73.0	100.0	25.5	SE	100	63.0	58.0	25.0
50	09:00	74.0	100.0	26.0	SE	100	64.0	59.0	25.5
51	10:00	75.0	100.0	26.5	SE	100	65.0	60.0	26.0
52	11:00	76.0	100.0	27.0	SE	100	66.0	61.0	26.5
53	12:00	77.0	100.0	27.5	SE	100	67.0	62.0	27.0
54	13:00	78.0	100.0	28.0	SE	100	68.0	63.0	27.5
55	14:00	79.0	100.0	28.5	SE	100	69.0	64.0	28.0
56	15:00	80.0	100.0	29.0	SE	100	70.0	65.0	28.5
57	16:00	81.0	100.0	29.5	SE	100	71.0	66.0	29.0
58	17:00	82.0	100.0	30.0	SE	100	72.0	67.0	29.5
59	18:00	83.0	100.0	30.5	SE	100	73.0	68.0	30.0
60	19:00	84.0	100.0	31.0	SE	100	74.0	69.0	30.5
61	20:00	85.0	100.0	31.5	SE	100	75.0	70.0	31.0
62	21:00	86.0	100.0	32.0	SE	100	76.0	71.0	31.5
63	22:00	87.0	100.0	32.5	SE	100	77.0	72.0	32.0
64	23:00	88.0	100.0	33.0	SE	100	78.0	73.0	32.5
65	00:00	89.0	100.0	33.5	SE	100	79.0	74.0	33.0
66	01:00	90.0	100.0	34.0	SE	100	80.0	75.0	33.5
67	02:00	91.0	100.0	34.5	SE	100	81.0	76.0	34.0
68	03:00	92.0	100.0	35.0	SE	100	82.0	77.0	34.5
69	04:00	93.0	100.0	35.5	SE	100	83.0	78.0	35.0
70	05:00	94.0	100.0	36.0	SE	100	84.0	79.0	35.5
71	06:00	95.0	100.0	36.5	SE	100	85.0	80.0	36.0
72	07:00	96.0	100.0	37.0	SE	100	86.0	81.0	36.5
73	08:00	97.0	100.0	37.5	SE	100	87.0	82.0	37.0
74	09:00	98.0	100.0	38.0	SE	100	88.0	83.0	37.5
75	10:00	99.0	100.0	38.5	SE	100	89.0	84.0	38.0
76	11:00	100.0	100.0	39.0	SE	100	90.0	85.0	38.5
77	12:00	101.0	100.0	39.5	SE	100	91.0	86.0	39.0
78	13:00	102.0	100.0	40.0	SE	100	92.0	87.0	39.5
79	14:00	103.0	100.0	40.5	SE	100	93.0	88.0	40.0
80	15:00	104.0	100.0	41.0	SE	100	94.0	89.0	40.5
81	16:00	105.0	100.0	41.5	SE	100	95.0	90.0	41.0
82	17:00	106.0	100.0	42.0	SE	100	96.0	91.0	41.5
83	18:00	107.0	100.0	42.5	SE	100	97.0	92.0	42.0
84	19:00	108.0	100.0	43.0	SE	100	98.0	93.0	42.5
85	20:00	109.0	100.0	43.5	SE	100	99.0	94.0	43.0
86	21:00	110.0	100.0	44.0	SE	100	100.0	95.0	43.5
87	22:00	111.0	100.0	44.5	SE	100	100.0	96.0	44.0
88	23:00	112.0	100.0	45.0	SE	100	100.0	97.0	44.5
89	00:00	113.0	100.0	45.5	SE	100	100.0	98.0	45.0
90	01:00	114.0	100.0	46.0	SE	100	100.0	99.0	45.5
91	02:00	115.0	100.0	46.5	SE	100	100.0	100.0	46.0
92	03:00	116.0	100.0	47.0	SE	100	100.0	100.0	46.5
93	04:00	117.0	100.0	47.5	SE	100	100.0	100.0	47.0
94	05:00	118.0	100.0	48.0	SE	100	100.0	100.0	47.5
95	06:00	119.0	100.0	48.5	SE	100	100.0	100.0	48.0
96	07:00	120.0	100.0	49.0	SE	100	100.0	100.0	48.5
97	08:00	121.0	100.0	49.5	SE	100	100.0	100.0	49.0
98	09:00	122.0	100.0	50.0	SE	100	100.0	100.0	49.5
99	10:00	123.0	100.0	50.5	SE	100	100.0	100.0	50.0
100	11:00	124.0	100.0	51.0	SE	100	100.0	100.0	50.5

NOTES

Population estimates are supplied by the Registrar General.

The various rates are calculated as follows:-

Birth Rate	- number of live births per 1,000 of estimated total population.
Illegitimate Birth Rate	- number of illegitimate births per 100 live births.
Still-Birth Rate	- number of still-births per 1,000 total births (including still-births)
Marriage Rate	- number of marriages per 1,000 of total population.
Death Rate (Corrected)	- number of deaths per 1,000 of estimated total population. For war years per 1,000 of estimated civil population.
Death Rate (Adjusted)	- this is an index of the number of deaths per 1,000 which might have been expected to occur had the age and sex constitution of the Burgh's population been the same as for the whole of Scotland.
Infantile Mortality Rate	- the number of deaths of children under 1 year per 1,000 live births.
Maternal Mortality Rate	- the number of maternal deaths per 1,000 live births.

THE HISTORY OF THE CITY OF LONDON

FROM THE FOUNDATION OF THE CITY TO THE PRESENT TIME

By JOHN STOW, Citizen of London.

1618

Printed by I. Iaggard, at the Sign of the Gun, in St. Dunstons Church-yard.

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By Authority.

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Local Health Authority Functions

General Administration:

The functions of the local health authority are administered by the Health Committee to which the Medical Officer of Health and the Sanitary Inspector are severally responsible for various aspects of the composite services.

Details of the Sanitary Inspector's activities are dealt with in his own separate report.

The Medical Officer of Health is now mainly concerned with administering the services which are the responsibility of the local authority under the provisions of the National Health Service (Scotland) Act, 1947. Minor duties under other enactments are referred to in the body of the report.

The various nursing services are under the immediate control of a Director of Nursing Services who is responsible to the Medical Officer of Health.

These nursing services comprise:-

-) Health Visitors - a staff of 9 health visitors carry out the routine work of maternal and child welfare care including domiciliary visitation and the staffing of various clinics. One Nurse is also employed to assist with clinic duties.
-) Tuberculosis and infectious disease nurses - in the past two nurses were mainly employed on these duties but with the reduction in the tuberculosis service which has now taken place it has been possible to reduce this to one with relief when necessary from the Health Visiting Staff. She too is a qualified health visitor, and does domiciliary visitation and assists at the tuberculosis diagnostic, and treatment clinics run by the Hospital Authorities and the Contact and B.C.G. clinics.
-) Domiciliary Midwifery and Home Nursing - Prior to 1972 the midwifery and home-nursing services were provided separately. There were three midwives who were direct employees of the Authority and seven other nurses employed on an agency basis through the Airdrie Nursing Association to undertake other home-nursing duties. During the year the Association was wound up and because of this, and the increasingly negligible amount of midwifery, the opportunity was taken to re-organise the two services substantially on a basis of combined duties. There is therefore now a total force of ten nurses of whom five possess a midwifery qualification and are thus able to take part in a rota by which any midwifery commitments can be adequately covered. There are no part-time midwives and none in private practice.

The Medical Officer of Health also controls a Dental Clinic service staffed by a qualified dentist and dental attendant.

During 1966 the Chiropody Service was placed on a full time basis under the Health Department employing one Chiropodist but the service has extended and part time Chiropodists are now employed as well on a sessional basis. An additional full-time chiropodist was appointed during the year to supplement the sessional help.

There is an office staff of five persons.

The Clinical Tuberculosis Officer, who is employed by the Hospital Authority, formerly had an office in the same building as the Health Department with a personal clerkess. Records were held in common and there was thus very close co-ordination of the clinical and administrative sides of tuberculosis control.

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This arrangement terminated in 1957, new clinic and clerical facilities having been provided in the Out-Patient extension to Alexander Hospital, Coatbridge. The Tuberculosis Nurse, however, continues to attend the clinic and the clerical liaison has been well-maintained.

The Home Help Service is now administered by the Social Work Department.

The Health Department provides certain training facilities for Student Nurses from Bellshill Hospital. During 1972 we had twelve students who each attended for four weeks and were given opportunities to observe and participate in various aspects of the routine operation of "Community Care".

Nurses undergoing basic training now require to spend one month on "Public Health Secondment" and during the year we also provided facilities for twelve other student-nurses in order to meet this need. Eight were undertaking psychiatric training and four were students in general nursing all from hospitals in the vicinity.

Each student spent one full day with a district nurse and two days with a health visitor and the remainder of the three weeks secondment period was spent in visits to our other clinics and facilities, and in attendance at the District Nurse Training Unit in Hamilton.

The Day Nursery was closed at the end of 1958.

A detailed list of staff is given at the beginning of this Report.

1. Care of Expectant and Nursing Mothers and Children under School Age.
(N.H.S.(S) A. 1947, Sect. 26)

(A) Expectant & Nursing Mothers

Two ante-natal clinics were held each week in the local authority's premises at Wellwynd. The medical staffing is by specialist obstetric officers generally of registrar grade supplied by Bellshill Hospital. The nursing staff is provided in rotation from the Health Visitor and Midwifery Staff. The patients who attend are either those booked for hospital confinements or are domiciliary cases sent by their own doctors for consultation.

The fullest clinical supervision is available including routine blood tests. Specimens are examined at the Regional Laboratory in Motherwell and at the laboratory of the Blood Transfusion Service now situated in Law Hospital, Carlisle. This Clinic has developed rapidly and although the accommodation was enlarged during 1954 by the provision of additional waiting-room accommodation undressing cubicles and an additional consulting room, it is on occasions still somewhat inadequate for the number of persons attending, although the position has improved a good deal since the sessions were increased to two per week in December, 1961.

Special consideration is always given to unmarried mothers in the way of admission to hospital and other assistance and advice is always freely available. Originally post-natal examinations were generally carried out at the hospital. This proved inconvenient for many patients and it was partly to allow of these being done locally that it was decided to provide the second clinic session.

Nursing mothers receive advice at the Child Health Clinics (see below) and advice in Mothercraft is given by the Health Visitors either to individuals or to small groups. A film projector is available and a suitable library of film strips is being built up to improve the teaching facilities.

One hundred and eighty-one mothers made 694 attendances at Mothercraft Classes and 188 made 687 attendances at Relaxation Classes.

Maternity Outfits, to Department of Health specification, are supplied free of charge to all mothers having a home confinement.

The domiciliary midwives carry out routine ante-natal visits to their booked cases and generally supervise their welfare. They also attend cases of "Early Discharge" from the maternity hospitals.

(B) Child Health

There is now one main child health clinic on Wednesday and Thursday afternoons each week at Wellwynd and three subsidiary or peripheral clinics. One of the latter at Arranview Children's Home, serves the northern part of the town and opens on Tuesday afternoons and Wednesday mornings. A second is now held in a purpose built Clinic at Craigneuk and is open on Tuesday and Wednesday afternoons. This was opened early in 1957 in the east of the Town. The third clinic at Holehills was only opened in October, 1972 in converted shop premises but is clearly serving a need.

Medical consultation is available one afternoon each month at the main clinic and one afternoon a month at each of the branch clinics. Vaccination and other immunisation services are also available on these days.

Cases from these clinics can be referred to any required specialist if the family doctor approves.

Children referred to family doctor or for specialist treatment or advice as a result of a medical examination

Born in 1972	Nil	
Born in 1971	5	
Born in 1967-70	29	Total 34.

At Risk" Register

(This is intended to facilitate the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of newborn, congenital abnormalities, difficult births, history of virus infection of mother etc.).

On register at end of year and receiving special supervision.

Born 1972	87	
Born 1971	82	
Born 1967-70	73	Total 242

In addition there were 44 other children under 5 with known handicaps on the actual "Handicapped Register" and these were also specially supervised.

(C) Care of Premature Infants

The Health Visitors are available to devote special attention to premature infants being reared in their own homes. Where necessary daily visits are paid. However, it is now usual to have premature infants admitted from the district to Bellshill Hospital Nursery and the increased accommodation in the new hospital has facilitated this.*

(D) Supply of Welfare Foods and similar Products

During 1954 the Ministry of Food discontinued the war-time arrangements for the supply of Welfare Foods and the responsibility for issuing these was placed on the local health authorities.

This was done by the old Welfare Department but in 1969 with the inception of the new Social Work Department the work was re-organised to enable the service to be provided by voluntary workers and this has proved very successful. There are two distribution points, one at Craigneuk Clinic and the other at 6 North Bridge Street, and the work of the volunteers and the manner in which they maintain this service must be recorded in most appreciative terms.

We have also continued the previous arrangements by which proprietary brands of dried milk and other nutrients are issued at our clinics for the use of children who require them on medical grounds or for other reasons. These, however, are retailed at cost price.

(E) Dental Care

The health authority provides a complete dental service for the priority classes. There is at Wellwynd a well-equipped dental surgery, staffed by a fully-qualified dental surgeon and a dental attendant.

A practitioner who specialises in dental anaesthesia attends as required and is remunerated on a sessional basis. Nursing assistance to patients undergoing general anaesthesia is provided by the Clinic Nurse.

Although these arrangements operated during 1972 there have recently been difficulties caused by loss of staff.

(F) Day Nursery

Closed at end of 1958.

The new hospital was opened by Her Majesty Queen Elizabeth on July, 2nd 1962.

Details of Attendances

Ante-natal and Post natal Clinics

- (a) No. of Local Authority Clinics provided at end of year 1.
- (b) No. of women attending during the year (A-N 694; P-N 51) 745*.
- (c) Total attendances during year (A-N 3,119; P-N 51) 3,606*.

(* The figures includes 132 County Residents who made 968 attendances - A-N 956; P-N 12)

The Clinic held 92 sessions the average attendances thus being 39.

Child Health Clinics

- (a) No. of local authority clinics provided at end of year 4.
- (b) No. of children attending under 1 year 661.
over 1 year 815.
- (c) Total attendances under 1 year 5,055.
over 1 year 4,773.
- (d) No. of clinics provided by voluntary organisations 1.
(Family Planning Association).

The Child Welfare Clinics held 322 sessions the average attendance thus being 30.

Social Sessions for Immunisation Work

At Schools Diphtheria etc. 14; Rubella 3; B.C.G. 12. = 29.

At Clinics 38.

Total 67.

Gynaecological Clinic

In 1957 this clinic was transferred to the new Out-Patient Department at Alexander Hospital, Coatbridge.

Cervical Cytology Clinic

A new development during 1966 was the introduction of a clinic for the taking of smears in connection with the exfoliative cytology of the uterine cervix the purpose being to detect early indications of pre-malignant disease in that situation.

Although held in our clinic premises the inception of the service was mainly due to the enterprise of a voluntary organisation, the North Lanarkshire Hospitals Women's Auxiliary, who initially defrayed the costs.

A regular weekly evening clinic has been held since September, 1966, staffed by a specially trained medical officer and two health visitors.

In addition to taking smears for cytology examination, a complete pelvic examination/

MEMORANDUM FOR THE RECORD

DATE: 10/10/50

TO: THE SECRETARY OF THE ARMY

FROM: THE CHIEF OF STAFF, ARMY

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

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33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]

examination is carried out, examination of the breasts and urine test.

The patients dealt with during the first phase to the end of 1966 numbered 20 but they were not all from Airdrie. Because of the voluntary auspices the service was available to Coarbridge and County residents as well.

Initially there was a large demand for this service and a substantial waiting list developed. This has now been overtaken and new cases now approximate to our capacity to deal with them. We are also now recalling systematically patients who had a first smear three years ago or more.

Development of the laboratory facilities which are required for the examination of the smears appears now to be adequate for our needs.

The local authority assumed responsibility for this service in 1967.

The work of the Cytological Clinic has been carried out by Dr. Dorothy B. Sinclair, an experienced gynaecologist and the following are details of the results of her work during 1972.

Attendances

First Visits	313)	
Re-call Visits after 3 years	154)	467
Repeats (for technical reasons)		12 (Total 479)
Broken appointments (12%)	60	

The distribution of patients examined

20-29 years	.....	78	
30-34 "	.....	88	
35-39 "	.....	71	
40-49 "	.....	156	
50-59 "	.....	59	
60 years and over	.....	15	(Total 467)

Results

Smear results were reported as follows:-

Negative	- -	467	
Suspicious	- -	-	
Positive	- -	-	
Unsatisfactory	-	12	(Total 479)

Disposal

All general practitioners were informed of the results of their patient's smears and suitable treatment suggested if necessary.

Where the smears showed evidence of specific infection such as with *Trichomonas vaginalis* the patients were recommended for a suitable course of treatment and thereafter recalled for a repeat smear.

In addition to having smears taken all patients had a full gynaecological and abdominal examination and an examination of the breasts.

All abnormal findings were reported to the general practitioners concerned.

Other Cytology

In addition to the above smears were taken at the ante-natal and post natal clinics, and at the Family Planning Clinic.

Patients are also examined by private practitioners.

Dental Clinic

The Dental Clinic, providing priority dental services to mothers and young children continued to function satisfactorily during the year.

At the end of 1956 we were asked by Hamilton Town Council whether we could help with the priority dental service for that Burgh by lending the services of the Dentist and Dental Attendant. After an examination of the position it was decided that this could be done, at least meanwhile, to the extent of two half day sessions per week, without our own service suffering. An arrangement to this effect was, therefore, put into force in January, 1957, and has continued since then with the addition of another half-day per week. Suitable financial adjustment has been made by which Hamilton pay an appropriate proportion of the salaries and also travelling expenses.

It may not be possible to continue this arrangement indefinitely if the help which we are able to give is insufficient for the Hamilton demand.

Miss Margaret Hinshelwood, L.D.S., has provided the following statement of work done at our own Dental Clinic and at Hamilton. (see over)

(At the time of writing in 1973 the Dental Clinic is temporarily suspended owing to the illness and retiral of the Dental Officer.)

Ardrrie Dental Clinic (1/8/71 to 31/7/72)

General Statistics

	Pre-School Children			Maternity		
	Aged 3 or Under	Aged 4 or Over	Total	Ante- natal	Post natal	Total
Inspections	74	135	209	196	146	342
With dental defects	36	97	133	192	54	246
Offered treatment	36	97	133	192	54	246
Accepting treatment	36	97	133	143	54	197
Treated by L.A. Officer	20	48	68	137	53	190
Emergency cases	12	51	63	15	9	24
Attendances for inspections and for treatment (excluding emergencies)			378	430	418	1226

Details of Treatment

(a) Fillings:-

(i) Permanent teeth	389
(ii) Deciduous teeth	190

(b) Extractions:-

(i) Permanent teeth	187
(ii) Deciduous teeth	108

Administration of general anaesthetic 11

Other operations:-

Permanent teeth	434
Deciduous teeth	4

Dentures:-

Partial	20
Full	43
Repairs to dentures	3

Radiographs Nil

Broken appointments 258

Carlton Dental Clinic (1/8/71 to 31/7/72)

General Statistics

	Pre-School Children			Maternity		
	Aged 3 or Under	Aged 4 or Over	Total	Ante- natal	Post natal	Total
Inspections	28	67	95	62	42	104
With dental defects	15	55	70	58	42	100
Required treatments	15	55	70	58	42	100
Accepting treatment	15	55	70	58	42	95
Treated by L.A. Officer	10	43	53	48	39	87
Emergency cases	8	12	20	4	2	6
Attendances for inspections and for treatment (emergencies excluded)			237	201	171	609

Details of Treatment

a Fillings:-

(i)	Permanent teeth	.....	200
(ii)	Deciduous teeth	.....	168

b Extractions:-

(i)	Permanent teeth	.....	181
(ii)	Deciduous teeth	.....	44

Administration of general anaesthetic 5

Other operations:-

Permanent teeth	.....	224
Deciduous teeth	.....	4

Dentures:-

Partial	.....	18
Full	.....	29
Repairs to dentures	.....	4

Radiographs Nil

Broken appointments 116

The provision of a priority dental service for mother and young children is an extremely important part of a Maternity and Child Welfare Scheme.

Sound nutrition is essential to the well-being of the pregnant patient and lactating mother, and one of the factors contributing towards this end is undoubtedly the possession of an efficient and healthy dentition.

Similarly in the young child supervision and conservation of the primary teeth helps to ensure satisfactory development of the permanent dentition.

It tends to be forgotten by the general public that the general dental service unlike the general medical service provided under the National Health Service Act is not guaranteed. The private dentists are free to accept or refuse any patient and it is only to be expected that they tend to concentrate on the more remunerative aspects of the work available. Dental treatment, especially of a conservative nature, is a time-consuming procedure and this is particularly true of handling young children whose confidence can only be secured by a patient and painstaking approach. These are some of the considerations which make it difficult for a satisfactory service to be provided except by a dental authority officer specialising in this particular type of work.

The reason for the different arrangements made in the Act for the provision of dental services as contrasted with medical services lies in the chronic shortage of dentists and the prospect that this shortage may and indeed is increasing rapidly.

In 1956 when the McNair Committee reported there were 15,895 dentists on the Dental Register of the United Kingdom. This was approximately 1 dentist to 3,400 of the population but the figure of 15,895 included dentists practising abroad, in the services, and actually retired from practice so that the ratio was substantially worse. Even at 3,400 the ratio was much below the standard of other countries. Canada had one dentist to 2,790, Sweden one to 2,271, Norway one to 2,000 and U.S.A. one to 1,667.

Moreover because of the average age of the dental profession it was estimated that 8,000 practitioners would be taken off the Register before 1967.

The Committee stated that a Register of 20,000 dentists should be aimed at. This meant that 800 new dentists were required each year purely for replacement purposes plus about another 400 to achieve the target figure.

This is not being met and the estimate of private practising dentists in 1968 shows a reduction to about 14,000.

The dental schools at present have a capacity of about 675 graduates per year and this is expected to reach 800 about 1980, assuming that all dental school places are filled. However, this is already doubtful because the intake of dental students at October, 1970, was 6.1% below capacity.

The local position is in fact much worse than the general estimates given above. At the most there are eight private practising dentists in Airdrie including the Burgh and the immediate landward area - a population certainly in excess of 40,000. This is one dentist to 5,000 persons a ratio much below the national figure which itself gives cause for serious concern.

It is obvious, therefore, that the reasons which resulted in local authorities administering the National Health Service Act being charged with the duty of providing a priority dental service for mothers and young children were inspired by a correct appreciation of the virtual impossibility of giving these classes adequate service by any other means and moreover it is clear that these reasons are still operative and even more valid at the present time.

The dental condition of the population as a whole viewed in relation to the number of dentists available is in fact such that the only prospect of improvement is substantially

stantially improving matters is by the introduction of measures aimed at prevention - at reducing the amount of dental decay occurring in the population.

Evidence continues to confirm that fluoridation of public water supplies such a measure and during 1962 there was published a Report on the results of fluoridation studies carried out in Kilnarnock and elsewhere during the past few years. These were favourable both on the score of efficiency in preventing and minimising dental caries and in the complete absence of any adverse effects.

Scottish Home and Health Department Circular No.25/1962 drew the attention of local health authorities to the terms of this Report and later in the year Circular No. 114/1962 gave a more positive lead by offering to approve definite fluoridation proposals made in terms of section 27 of the National Health Service (Scotland) Act, 1947 and to indemnify local authorities who adopted fluoridation.

It is however, most regrettable to learn that in Kilnarnock, despite the favourable results obtained in the pilot study, the opponents of fluoridation were secured sufficient support to enforce the discontinuation of what was widely regarded as a most enterprising pioneer venture into this controversial field.

Nevertheless a more enlightened attitude prevailed in Lanarkshire and during 1962 all health authorities ultimately agreed in principle to the fluoridation of their water supplies.

The formalities necessary to make this a reality had still to be finalised and the technical officers had meetings to decide on a uniform policy for equipment and methods and some progress had been made in anticipation.

Analagation of the various water authorities then took place in accordance with the provisions of the Water (Scotland) Act, 1967, and it had been hoped that this co-ordination of the service would have helped to ensure that some definite progress would soon be evident. Unfortunately restrictions on capital expenditure led to tentative proposals being further postponed, and recently the prospects have receded even further owing to one of the Burghs having reversed its earlier decision to participate in joint arrangements.

A further meeting of all the interested authorities was held on 16th April, 1967, to consider the impasse resulting from the opposition of this authority.

All the other authorities re-affirmed their wish to have their water supplies fluoridated and the Secretary of State was asked to consider what steps could be taken to ensure that majority opinion should prevail.

It is understood he has since decided not to intervene and there now seems to be little immediate hope of any further progress.

The following quotation from a recent book "The Dentist and his Community" by G. G. and Striffler (W.B. Saunders 1969) is perhaps worth recording.

"It is important to remember that fluoridation, unlike many other public health measures, is effective regardless of parental or patient co-operation, the income or educational level of the community, or of the amount of dental treatment received. Because of the magnitude of the benefits, their lifelong character and the fact that they are not dependent upon a change in health habits of the population, the value of this preventive procedure dwarfs all the others available to dentistry".

(The above note appeared in last year's Report and is included again to provide a record of the situation which is unchanged).

MATERNAL MORTALITY

There were no maternal deaths during the year.

Figures for the last ten years are given below.

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Maternal Deaths	1	0	0	0	1	0	0	1	0	0
Maternal Mortality Rate per 1000 live births	1.20	0.00	0.00	0.00	1.20	0.00	0.00	1.30	0.00	0.00

PUERPERAL FEVER AND PUERPERAL PYREXIA

There was one notification of puerperal pyrexia.

TABLE 1

Summary of the results of the analysis of variance for the effect of the treatment on the response of the subjects to the test.

Treatment	Control	Low	High	Total	Control	Low	High	Total	Control	Low	High	Total
1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1	1	1	1	1	1
11	1	1	1	1	1	1	1	1	1	1	1	1
12	1	1	1	1	1	1	1	1	1	1	1	1
13	1	1	1	1	1	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1	1	1	1	1	1
15	1	1	1	1	1	1	1	1	1	1	1	1
16	1	1	1	1	1	1	1	1	1	1	1	1
17	1	1	1	1	1	1	1	1	1	1	1	1
18	1	1	1	1	1	1	1	1	1	1	1	1
19	1	1	1	1	1	1	1	1	1	1	1	1
20	1	1	1	1	1	1	1	1	1	1	1	1
21	1	1	1	1	1	1	1	1	1	1	1	1
22	1	1	1	1	1	1	1	1	1	1	1	1
23	1	1	1	1	1	1	1	1	1	1	1	1
24	1	1	1	1	1	1	1	1	1	1	1	1
25	1	1	1	1	1	1	1	1	1	1	1	1
26	1	1	1	1	1	1	1	1	1	1	1	1
27	1	1	1	1	1	1	1	1	1	1	1	1
28	1	1	1	1	1	1	1	1	1	1	1	1
29	1	1	1	1	1	1	1	1	1	1	1	1
30	1	1	1	1	1	1	1	1	1	1	1	1
31	1	1	1	1	1	1	1	1	1	1	1	1
32	1	1	1	1	1	1	1	1	1	1	1	1
33	1	1	1	1	1	1	1	1	1	1	1	1
34	1	1	1	1	1	1	1	1	1	1	1	1
35	1	1	1	1	1	1	1	1	1	1	1	1
36	1	1	1	1	1	1	1	1	1	1	1	1
37	1	1	1	1	1	1	1	1	1	1	1	1
38	1	1	1	1	1	1	1	1	1	1	1	1
39	1	1	1	1	1	1	1	1	1	1	1	1
40	1	1	1	1	1	1	1	1	1	1	1	1
41	1	1	1	1	1	1	1	1	1	1	1	1
42	1	1	1	1	1	1	1	1	1	1	1	1
43	1	1	1	1	1	1	1	1	1	1	1	1
44	1	1	1	1	1	1	1	1	1	1	1	1
45	1	1	1	1	1	1	1	1	1	1	1	1
46	1	1	1	1	1	1	1	1	1	1	1	1
47	1	1	1	1	1	1	1	1	1	1	1	1
48	1	1	1	1	1	1	1	1	1	1	1	1
49	1	1	1	1	1	1	1	1	1	1	1	1
50	1	1	1	1	1	1	1	1	1	1	1	1
51	1	1	1	1	1	1	1	1	1	1	1	1
52	1	1	1	1	1	1	1	1	1	1	1	1
53	1	1	1	1	1	1	1	1	1	1	1	1
54	1	1	1	1	1	1	1	1	1	1	1	1
55	1	1	1	1	1	1	1	1	1	1	1	1
56	1	1	1	1	1	1	1	1	1	1	1	1
57	1	1	1	1	1	1	1	1	1	1	1	1
58	1	1	1	1	1	1	1	1	1	1	1	1
59	1	1	1	1	1	1	1	1	1	1	1	1
60	1	1	1	1	1	1	1	1	1	1	1	1
61	1	1	1	1	1	1	1	1	1	1	1	1
62	1	1	1	1	1	1	1	1	1	1	1	1
63	1	1	1	1	1	1	1	1	1	1	1	1
64	1	1	1	1	1	1	1	1	1	1	1	1
65	1	1	1	1	1	1	1	1	1	1	1	1
66	1	1	1	1	1	1	1	1	1	1	1	1
67	1	1	1	1	1	1	1	1	1	1	1	1
68	1	1	1	1	1	1	1	1	1	1	1	1
69	1	1	1	1	1	1	1	1	1	1	1	1
70	1	1	1	1	1	1	1	1	1	1	1	1
71	1	1	1	1	1	1	1	1	1	1	1	1
72	1	1	1	1	1	1	1	1	1	1	1	1
73	1	1	1	1	1	1	1	1	1	1	1	1
74	1	1	1	1	1	1	1	1	1	1	1	1
75	1	1	1	1	1	1	1	1	1	1	1	1
76	1	1	1	1	1	1	1	1	1	1	1	1
77	1	1	1	1	1	1	1	1	1	1	1	1
78	1	1	1	1	1	1	1	1	1	1	1	1
79	1	1	1	1	1	1	1	1	1	1	1	1
80	1	1	1	1	1	1	1	1	1	1	1	1
81	1	1	1	1	1	1	1	1	1	1	1	1
82	1	1	1	1	1	1	1	1	1	1	1	1
83	1	1	1	1	1	1	1	1	1	1	1	1
84	1	1	1	1	1	1	1	1	1	1	1	1
85	1	1	1	1	1	1	1	1	1	1	1	1
86	1	1	1	1	1	1	1	1	1	1	1	1
87	1	1	1	1	1	1	1	1	1	1	1	1
88	1	1	1	1	1	1	1	1	1	1	1	1
89	1	1	1	1	1	1	1	1	1	1	1	1
90	1	1	1	1	1	1	1	1	1	1	1	1
91	1	1	1	1	1	1	1	1	1	1	1	1
92	1	1	1	1	1	1	1	1	1	1	1	1
93	1	1	1	1	1	1	1	1	1	1	1	1
94	1	1	1	1	1	1	1	1	1	1	1	1
95	1	1	1	1	1	1	1	1	1	1	1	1
96	1	1	1	1	1	1	1	1	1	1	1	1
97	1	1	1	1	1	1	1	1	1	1	1	1
98	1	1	1	1	1	1	1	1	1	1	1	1
99	1	1	1	1	1	1	1	1	1	1	1	1
100	1	1	1	1	1	1	1	1	1	1	1	1

TABLE 1

Summary of the results of the analysis of variance for the effect of the treatment on the response of the subjects to the test.

INFANTILE MORTALITY

The infantile mortality rate for 1971 was 22 the lowest figure we have ever reached. Last year's figure was 26. The averages for the five years 1966-70 was 27. The Scottish rate for 1972 was 18.8 also the lowest ever recorded.

The still-birth rate was 18 compared with 11 in the previous year. The national average was 13.2 slightly above the 1971 figure of 13.1 which was the lowest ever recorded for Scotland.

INFANTILE MORTALITY RATES

rates for ages 0-12 months

Year	Airdrie	All Scotland	Year	Airdrie	All Scotland
1943	75	65	1958	49	28
1944	79	65	1959	25	28
1945	73	66	1960	30	26
1946	47	54	1961	28	26
1947	34	56	1962	33	27
1948	58	55	1963	37	26
1949	38	41	1964	26	24
1950	50	39	1965	32	23
1951	54	37	1966	31	23
1952	38	35	1967	23	21
1953	46	31	1968	25	21
1954	37	31	1969	30	21
1955	35	30	1970	31	19
1956	24	29	1971	26	20
1957	24	29	1972	22	18.8

TABLE 1.

Summary of the results of the analysis of variance for the data presented in Table 1. The results are given in terms of the F-value, the probability of the F-value being due to chance, and the degrees of freedom.

The F-value is the ratio of the mean square for the treatment to the mean square for the error. The probability of the F-value being due to chance is given in parentheses. The degrees of freedom are given in parentheses.

TABLE 1.

continued from page 1

Treatment	Replicate	F-value	Probability	D.F.
1	1	1.00	(.95)	1
2	1	1.00	(.95)	1
3	1	1.00	(.95)	1
4	1	1.00	(.95)	1
5	1	1.00	(.95)	1
6	1	1.00	(.95)	1
7	1	1.00	(.95)	1
8	1	1.00	(.95)	1
9	1	1.00	(.95)	1
10	1	1.00	(.95)	1
11	1	1.00	(.95)	1
12	1	1.00	(.95)	1
13	1	1.00	(.95)	1
14	1	1.00	(.95)	1
15	1	1.00	(.95)	1
16	1	1.00	(.95)	1
17	1	1.00	(.95)	1
18	1	1.00	(.95)	1
19	1	1.00	(.95)	1
20	1	1.00	(.95)	1
21	1	1.00	(.95)	1
22	1	1.00	(.95)	1
23	1	1.00	(.95)	1
24	1	1.00	(.95)	1
25	1	1.00	(.95)	1
26	1	1.00	(.95)	1
27	1	1.00	(.95)	1
28	1	1.00	(.95)	1
29	1	1.00	(.95)	1
30	1	1.00	(.95)	1
31	1	1.00	(.95)	1
32	1	1.00	(.95)	1
33	1	1.00	(.95)	1
34	1	1.00	(.95)	1
35	1	1.00	(.95)	1
36	1	1.00	(.95)	1
37	1	1.00	(.95)	1
38	1	1.00	(.95)	1
39	1	1.00	(.95)	1
40	1	1.00	(.95)	1
41	1	1.00	(.95)	1
42	1	1.00	(.95)	1
43	1	1.00	(.95)	1
44	1	1.00	(.95)	1
45	1	1.00	(.95)	1
46	1	1.00	(.95)	1
47	1	1.00	(.95)	1
48	1	1.00	(.95)	1
49	1	1.00	(.95)	1
50	1	1.00	(.95)	1
51	1	1.00	(.95)	1
52	1	1.00	(.95)	1
53	1	1.00	(.95)	1
54	1	1.00	(.95)	1
55	1	1.00	(.95)	1
56	1	1.00	(.95)	1
57	1	1.00	(.95)	1
58	1	1.00	(.95)	1
59	1	1.00	(.95)	1
60	1	1.00	(.95)	1
61	1	1.00	(.95)	1
62	1	1.00	(.95)	1
63	1	1.00	(.95)	1
64	1	1.00	(.95)	1
65	1	1.00	(.95)	1
66	1	1.00	(.95)	1
67	1	1.00	(.95)	1
68	1	1.00	(.95)	1
69	1	1.00	(.95)	1
70	1	1.00	(.95)	1
71	1	1.00	(.95)	1
72	1	1.00	(.95)	1
73	1	1.00	(.95)	1
74	1	1.00	(.95)	1
75	1	1.00	(.95)	1
76	1	1.00	(.95)	1
77	1	1.00	(.95)	1
78	1	1.00	(.95)	1
79	1	1.00	(.95)	1
80	1	1.00	(.95)	1
81	1	1.00	(.95)	1
82	1	1.00	(.95)	1
83	1	1.00	(.95)	1
84	1	1.00	(.95)	1
85	1	1.00	(.95)	1
86	1	1.00	(.95)	1
87	1	1.00	(.95)	1
88	1	1.00	(.95)	1
89	1	1.00	(.95)	1
90	1	1.00	(.95)	1
91	1	1.00	(.95)	1
92	1	1.00	(.95)	1
93	1	1.00	(.95)	1
94	1	1.00	(.95)	1
95	1	1.00	(.95)	1
96	1	1.00	(.95)	1
97	1	1.00	(.95)	1
98	1	1.00	(.95)	1
99	1	1.00	(.95)	1
100	1	1.00	(.95)	1

Neo-natal Mortality

This relates to the deaths of infants (included in the total infantile mortality) who died within 4 weeks of birth. It is useful to have these recorded separately because the causes are more related to the hazards and accidents of pregnancy and childbirth rather than to what happens to the infant later in its life. Since 1952 the figures for neo-natal mortality have been supplied separately by the Registrar General.

Rates for ages 0-1 month

Year	No. of Deaths	Rate per 1,000 live births
Average 1952-56	13	20
Average 1957-61	14	19
Average 1962-66	16	19
1967	13	15
1968	12	15
1969	14	18
1970	15	20
1971	11	14
1972	8	11

Peri-natal Mortality

This is the total of the still-births and deaths under 1 week of age. There were 14 still-births and 5 deaths before the 7th day making a total of 19 rate of 25 per 1,000 births (live and still).

100

100

100	100	100
100	100	100
100	100	100
100	100	100
100	100	100
100	100	100
100	100	100
100	100	100
100	100	100
100	100	100

100

100

Infantile Mortality - Detailed list of causes of death

1 month old - 8 deaths

Female	-	-	-	11 days old	-	-	Pulmonary canalisation
Male	}	-	-	1 hour old	-	-	Extreme prematurity
Male		-	-	1 hour old	-	-	Extreme prematurity
Female	-	-	-	3 weeks old	-	-	Necrotising enterocolitis Prematurity
Male	-	-	-	14 hours old	-	-	Foetal asphyxia
Male	-	-	-	11 days old	-	-	Congenital heart disease
Male	-	-	-	1 hour old	-	-	Congenital abnormalities
Male	-	-	-	13 hours old	-	-	Prematurity: Asphyxia

2 months old - 9 deaths

Male	-	-	-	7 weeks old	-	-	Congenital heart disease
Male	-	-	-	2 months old	-	-	Broncho-pneumonia
Male	-	-	-	10 months old	-	-	Sudden death
Male	-	-	-	1 month old	-	-	Strangulated hernia
Male	-	-	-	3 months old	-	-	Broncho-pneumonia
Male	-	-	-	2 months old	-	-	Congenital nephrosis
Female	-	-	-	7 months old	-	-	Congenital heart disease
Male	-	-	-	3 months old	-	-	Broncho-pneumonia
Female	-	-	-	4 months old	-	-	Viral respiratory infection

indicates child in hospital at time of death.

Still-Birth Rates

Still-births were first registered in 1939 and the table below gives the rate for Airdrie and all Scotland in five year averages since then.

The rates are expressed as "per 1,000 total births including still-births".

Still-Birth Statistics

Year	Number of Still-Births	Still-Birth Rate	
	Airdrie	Airdrie	Scotland
939-43	25	39	39
944-48	25	35	31
949-53	20	31	26
954-58	17	15	22
959-63	19	23	20
964-68	16	19	17
969	13	17	14
970	15	20	14
971	9	11	13
972	14	18	13

Domiciliary Midwifery (N.H.S.(S) A. 1947, Sect. 23).

In accordance with the provisions of the Maternity Services Act of 1937, the Burgh of Airdrie formulated a scheme to provide a comprehensive domiciliary midwifery service and after it had received the approval of the Department of Health for Scotland the Scheme came into operation on January, 1st 1940.

In subsequent years the service gradually developed until by 1947, five full-time midwives were in the employment of the Town Council and they were responsible for carrying out by far the greater proportion of the domiciliary midwifery work of the town.

A house "Oakbank", Clark Street, Airdrie, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse has her own bed-sitting room and there is also a lounge and dining-room for common use. A domestic staff of two assisted in the running of the Home.

This was the position to July, 5th 1948.

At that date the duty to provide a service of this kind ceased to be in respect of the old Maternity Services (Scotland) Act, 1937 which was partly repealed and was instead placed on the local authority by Section 23 of the new National Health Service (Scotland) Act, of 1947.

No outward change, however, resulted and since then the service has been continued exactly as before, although the total number of domiciliary confinements continues to diminish every year. This has not however meant much reduction in the work load because of the great increase in the number of cases of early discharge from hospital and the reduction of the staff to three. The supervision of these is continued by the domiciliary midwife until the end of the normal lying-in period. Any spare capacity in relation to the midwifery staff has been utilised to augment the district nursing activities.

All the nurses employed are qualified to administer trileme analgesia and in 1960 we changed over to this from the former gas-air procedure. The Local Medical Committee indicated approval of this development.

It has become increasingly difficult to engage trained midwives when vacancies arise but we have fortunately been able to maintain an adequate staff during the year. The number employed is now three and this despite the reduced number of confinements really represents the least practicable size of staff to provide a fully adequate service.

One case had inhalation analgesia during the year. Trilene is now used exclusively. Pethidine was also employed on the instructions of the medical practitioner attending. It was given in two confinements.

Non-medical supervision is carried out by the Director of Nursing Services who consults the Medical Officer of Health in any difficulty. There are no private practising midwives resident in the area.

With the development of General Practitioner Maternity Units at Alexander Hospital, Coatbridge, and Calderbank House, Baillieston, the number of domiciliary cases has been falling steadily and any mother who desires a hospital confinement for social reasons can be sure of getting a bed. In the past we sometimes had to refer such cases specially to the ante-natal clinic so that they might be booked for Bellshill Hospital. We have been most grateful for this help over the years and it is satisfactory to note that the services have now improved to such an extent that there is no longer any difficulty.

By arrangement with Bellshill Hospital, student midwives are given opportunities to participate in the work of the area.

The/

The midwives assist at two general practitioner ante-natal clinics.

Midwifery Staff during the year

Nurse A. Gilfillan, R.G.N., R.F.N., S.C.M., N.D.N.C.

Nurse J.A.T. Iym, S.D., S.M.

Nurse J. Duncan, S.M., J.G.M., N.D.N.C.

Midwives (Scotland) Act 1957

Cases of emergency under Section 22 Nil.

Notification of Intention to Practise 6.

Student-nurse Liaison with Bellshill Hospital

Students are seconded to the Health Department for four weeks and are given an opportunity to observe and to participate in the routine work of the various nursing services and clinics. Other aspects of "Community Care" are demonstrated with the co-operation of the Social Work Department.

During 1972 there were twelve students who attended for these purposes.

Family Planning Service

In 1966 Health and Welfare Services Circular No. 10/1966 urged local authorities to consider the development of a Family Planning Service and in the year of that year the Town Council approved such action in principle.

An approach was thereafter made to the Family Planning Association asking that a local branch of the Association should be formed in Airdrie with the assurance that premises and other facilities would be made available by the Town Council.

After a local meeting held under the auspices of the Association and after prolonged discussions about ways and means an Airdrie Branch was formed and a local clinic was opened in 1967 in the Wellwynd Clinic premises and commenced operation on the basis of two evening sessions per month.

Apart from the provision of premises the Town Council's financial support was limited to an undertaking to pay for the attendance of medical cases.

Meantime however, the Association generally had been pressing the Secretary of State to activate section 15 of the Health Services and Public Health Act 1968 which dealt with the provision of family planning services to cases other than purely medical and this was achieved in September, 1970.

The way was therefore now open to local authorities to provide a full service and the Association set on foot its National Family Planning Agency Scheme. By this Scheme the Association agreed to act as agents for the local authorities who would pay for both medical and non medical cases on a standard scale.

Discussion about the precise nature of the Agency arrangements to be adopted locally were still proceeding at the end of 1970 but as an interim measure of financial support to the Association it was agreed to pay for the cervical cytology examinations carried out as part of the normal routine examination of Family Planning Association's patients.

However, it was ultimately agreed to operate Scheme 5XX of the Family Planning Association Agency Scheme and this came into operation in the middle of 1971.

The number of clinic sessions was increased from two per month to once weekly, with occasional extra sessions as required.

THE UNITED STATES OF AMERICA

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WASHINGTON, D. C. 20250

OFFICE OF THE ASSISTANT SECRETARY

FOR LAND MANAGEMENT

WASHINGTON, D. C. 20250

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Number of births in the area during 1972 corrected for mother's residence

	Corrected Live Births	Corrected Still-births	Corrected Total Births
Domiciliary	6	—	6
Hospital and Nursing Homes	755	14	769
Total	761	14	775

Number of premature births under 5lbs. 8oz. (2,500gm) occurring in the area during 1972 corrected for mother's residence

[illegible]

DOMICILIARY MIDWIFERY

CONFINEMENTS ATTENDED UNDER N.H.S. ARRANGEMENTS

Doctor Booked	.....	4	
Doctor not Booked	.....	2	
		<u>6</u>	
		<u>6</u>	
Doctor present at Confinement	.....	1	
Domiciliary Cases Transferred to Hospital	.....	Nil	
Hospital Booked Cases given ante-natal care by Domiciliary Midwife	.....	68	
Cases delivered in hospital but discharged early to care of Domiciliary Midwife	.....	458	(7th day 119 (6th day 190 (5th day 87 (earlier 62

There were 8 sets of twins - 7 in Bellshill Hospital and 1 in Alexander P. Unit.

SPITAL MIDWIFERY (Airdrie cases only)

Type of Case	Bellshill Hospital	Alexander Hospital	Wm. Smellie Hospital	Calderbank House
Emergency (a) Scheme	-	-	-	-
(b) Non-Scheme	-	-	-	-
Pre-arranged admission	477	254	-	29
Total	477	254	-	29

In other homes and institutions 11

The total of all institutional cases (emergencies excluded) was thus 771 representing over 99% of all confinements. Last year the comparable figure was just under 99% but in 1950 it was only 45%. It would appear that domiciliary midwifery will soon be something quite exceptionable, and in relation to the numbers dealt with it has become a very expensive service to provide.

However, the total cost also covers the work which the midwives are now doing in looking after cases sent home early from hospital. As shown above there were 68 of these, a figure which has increased from a small beginning in 1967 when 49 cases were attended.

The midwives made a total of 2,465 visits - 75 Ante-natal and 2,390 Post-natal. The total for 1971 was 2,049.

They/

ANNUAL REPORT OF THE COMMISSIONER OF THE LAND OFFICE

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99	1998	1998
100	1999	1999

1900	1901	1902	1903	1904
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41	42	43	44	45
46	47	48	49	50
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

TABLE 1. LAND OFFICE, 1900-1901

The following table shows the land office for the year 1900-1901. The first column shows the year, the second column shows the number of acres, the third column shows the number of acres, the fourth column shows the number of acres, and the fifth column shows the number of acres.

They have also been utilised for the staffing of organised Ante-natal Clinic Sessions and have assisted in the examination of ante-natal patients in co-operation with general practitioners as follows:-

Local Authority Ante-natal Clinics	-	55 sessions
Special General Practitioner Ante-natal Clinics	-	133 sessions
General Practitioner Surgery Sessions	-	174 sessions
(682 patient attendances).		

Midwives have also been extensively used in augmentation of the general Home Nursing Service in pursuance of the policy of developing a staff capable of undertaking combined duties.

The first of these is the fact that the
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Medical Aid

- (a) No. of cases in which medical aid was summoned during the year under Section 22 (1) of the Midwives (Scotland) Act, 1915, by a midwife Nil.
- (b) No. of cases in which medical aid was summoned during the year for cases where the medical practitioner has agreed to provide maternity medical services under National Health 1.

Administration of Analgesics

- (a) No. of midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board for Scotland.
- Domiciliary 6.
- (b) No. of domiciliary midwives who received their training during the year Nil.
- (c) No. of sets of Apparatus for the administration of Analgesics in use at 31st December, 1972, by Domiciliary Midwives employed by the Authority or employed by voluntary organisations in the Authority's Area 4.
- (d) No. on order at 31st December, 1972 Nil.
- (e) No. of cases in which Analgesics were administered by Midwives in Domiciliary practice during the year 1.
- (f) No. of cars in use by midwives at 31st December, 1972. 2.
- (g) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year (Only given on direct instructions of medical practitioner) 1.

Gas-Air Analgesia

The use of this has now been given up completely in favour of trilene.

Trilene Analgesia

Doctor not present	1.
Doctor present	-

Pethidine Administered

Doctor not present	1.
Doctor present	-

1880

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Health Visiting Service (N.H.S.(S) A. 1947, Sect. 24)

We were fortunate in being able to maintain an adequate staff of Health visitors during the year.

However, it seems inevitable that the required establishment of Health visitors will continue to grow. This has been the case ever since 1948, and various factors have been responsible.

The Town continues to grow and the population is being increasingly dispersed to new housing areas. The routine work of the past thus takes much longer to do but at the same time new duties develop. The care and supervision of the aged, the prevention of break-up of families, the supervision of "at risk" and handicapped children, additional immunisation work, the inauguration of several new schools, expansion of health education - all those considerations leads to a growing demand for Health Visitor services if the facilities provided by the Health Department are to be kept in tune with what is now recognised to be necessary and desirable for a modern community.

It is clear too that attachment of staff to general medical practices will also require additional personnel.

A pilot experiment of this development in one large practice was started at the beginning of 1970 and is continuing. There are also liaison arrangements with other single-handed practice. Details are given in a separate section below.

It is hoped that this will provide useful experience of this new concept which is hoped will be generally adopted when the proposed Health Centre on the Airdrie District Hospital site eventually materialises.

Otherwise the Health Visitors continue to maintain most of their traditional ties.

They carry out routine domiciliary visitation of all children and give advice to expectant and nursing mothers. They also attend at the various child welfare and ante-natal clinics, assist at immunisation sessions and attend at the local schools in connection with the routine visits for diphtheria prophylaxis. They carry out the nursing duties at other clinics held by the Specialist Officers of the hospital and in their authority within the Burgh, and they maintain liaison with certain of the hospitals in the area.

Apart from the steady increase in the actual volume of work falling upon the Health Visitors, the greater dispersal of the population in new housing schemes means that more of their time, than formerly, is now spent on travelling and walking between visits. Districts have been arranged so as to reduce this unproductive time as much as possible, and some car allowances are now paid.

Every effort is made by the Health Visitor to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing. A Mother's Club is now held at both Craigneuk and Arranview and the Health Visitors are also frequently called on for Health Education talks to Guilds and similar organisations.

A film projector was obtained during 1952 and use is being made of it in informal talks and demonstrations to small groups in educational work of this kind.

The intimate contact which the Health Visitors have with the homes also enables them to bring prominently to the notice of mothers all the facilities which are provided for the children's welfare.

This is notably so as regards the various immunisation procedures, the use of vitamin supplements and the care of the teeth.

Opportunities/

THE UNIVERSITY OF CHICAGO

OFFICE OF THE DEAN OF THE FACULTY

CHICAGO, ILLINOIS

TO THE FACULTY

FROM THE DEAN

RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Opportunities are given for attendance at suitable Refresher Courses for Health Visitors.

Details of the work done at the clinic and by the Health Visitors will be found elsewhere.

One other health visitor is also employed by the Authority but her duties are mainly in connection with infectious disease - particularly the domiciliary supervision of tuberculosis cases. She assists also at the Tuberculosis Clinics and undertakes the nursing work in connection with the extension of B.C.G. Vaccination to school children.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1948 for adaptation as a Central Clinic.

A further section of these premises was taken over in 1957 and again in 1968 to provide accommodation for records, stores and additional office space but the whole building is now out of keeping with modern ideas and repairs and general maintenance are costly. With a larger public demand on the facilities its shortcomings are no longer tolerable and more suitable new office and clinic building is at present under construction. There is also a prospect of better clinical facilities in a new Health Centre which is being planned in association with the New District Hospital. Work on this has now commenced.

The Director of Nursing Services organises and controls the work of the Health Visitors and other Public Health Nurses and also acts as Superintendent of Midwives and exercises a general supervision over the work of the Home Nursing Service.

Attachment of Nursing Services to General Practice

In recent years there has been an increasing trend towards the attachment of members of the domiciliary nursing services to general practice. In 1963 the report on "The Field of Work of the Family Doctor" expressed the view that this was the best way of securing full co-operation. Various other reports have endorsed this view and local authorities have been encouraged by the central departments to adopt this method of deploying and utilising their nursing services.

The degree of co-operation between the nurses and the family doctors can be organised more or less completely and three levels are now generally recognised.

- a) Liaison- the health visitor, district nurse or midwife remains responsible for her traditional geographical district but has at the same time some sort of formal arrangement for contact with specified general practitioners and for passing on information about other patients of the practice to her colleagues in other districts.
- b) Attachment- a formal arrangement by which the health visitor, district nurse or midwife gives up her traditional geographical district and instead becomes responsible for providing her services to persons (within the local authority border) on the lists of specified general practitioners to whom she is attached and with whom she has regular consultation.
- c) Community Health Care Team - this implies a group of general practitioners working with all grades of nursing staff supported by receptionist and secretarial staff to provide a full range of health and medical care for all patients on the doctor's lists. This is really the full "health centre" concept, which it is hoped will be future pattern of practice.

After discussions with the various doctors a start was made in February, 1970, in association with the largest group practice in the town.

Two health visitors were attached to this partnership of seven doctors, two district nurses took part in the routine work of the practice at the surgeries and the midwives attended the practice ante-natal clinics in rotation.

The following is a list of the names of the persons who have been named in the foregoing report.

1. The names of the persons who have been named in the foregoing report are as follows:

2. The names of the persons who have been named in the foregoing report are as follows:

3. The names of the persons who have been named in the foregoing report are as follows:

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14. The names of the persons who have been named in the foregoing report are as follows:

The practice premises although modern and purpose built are however, a little short of the amount of accommodation required to make full attachment a reality so that the arrangements which developed were really something between "Attachment" and "liaison".

Nevertheless, the experiment has been a successful one and it continues to provide useful experience for the future.

A liaison Health Visitor also assists in the work of another practice with a single-handed practitioner.

Received of the Treasurer of the United States
the sum of \$100.00 for the purchase of land

in the State of California

for the purpose of establishing a school

HEALTH & TUBERCULOSIS VISITING

Number of cases and home visits

<u>Visited by Health Visitors</u>	<u>Cases</u>	<u>Visits</u>
Expectant Mothers	107	161
Children born in 1972	771	5,493
Children born in 1971	749	3,850
Children born in 1967-70	1,529	4,573
School Children	103	198
Persons aged 65 or over	248	1,084
Persons aged 65 or over visited at special request of general practitioner or hospital	(235)	(1,031)
Mental Health:- care & after care	32	132
Mental Health cases visited at special request of general practitioner or hospital	(26)	(108)
Other hospital after-care	49	106
Hospital after-care cases visited at special request of general practitioner or hospital	(49)	(106)
Tuberculosis Households	88	564
Other Infectious Disease	43	65
Miscellaneous	830	1,700
Totals	4,549	17,926

(-) - included in other totals.

• Home Nursing Service (N.H.S.(S) A. 1947 Sect. 25]

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who required nursing in their own homes".

At the appointed day there already existed in Airdrie an organisation set up in 1897 and maintained by voluntary subscription which was known as the Airdrie and District Nursing Association.

The Association provided nursing services within the Burgh and also in the immediately adjacent landward area of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this section of the Act would be to enter into an agreement whereby the Airdrie & District Nursing Association would provide such services in return for an appropriate financial adjustment.

This arrangement was initiated on July, 5th 1948. The Association discontinued its work in the County Area and the three nurses employed became wholly employed on home nursing work within the Burgh. The arrangement has continued to work well during 1971 and the staff now numbers seven nurses, an increase of one having been authorised in 1969. However, the Association finally gave up in April 1972. The nurses have been taken over completely and this has facilitated an integration of the nursing facilities.

The total visits paid are shown below. A record is now being kept of the type of visits and a table is given showing the manner in which the nursing service is actually employed.

HOME NURSING SERVICE STATISTICS

	Cases	Visits
Total No. of persons nursed during the year	686	19,129 (1971 - 19,278)
No. aged under 5 at first visit during 1972	13	65
No. aged 65 or over at first visit during 1972	395	14,524

Classification of Visits

General Nursing Care	.....	7,991	(7,014)
Injections Only	.....	5,654	(4,016)
Dressings	.....	3,235	(2,084)
"Doctors orders" (i.e. various special procedures)	.....	2,249	(1,410)
		<u>19,129</u>	<u>(14,524)</u>

The figures in brackets show the numbers of the various types of visits which were paid to patients who were over 65).

Domestic Help Service (N.H.S.(S) A. 1947, Sect. 28)

This is now administered entirely by the Social Work Department.

Vaccination and Immunisation (N.H.S.(S) A. 1947, Sect. 26)

Smallpox Vaccination

Vaccination against smallpox has probably over the years been the subject of more controversy than almost any other common procedure used in medicine.

The Vaccination (Scotland) Act 1863 and the Vaccination (Scotland) Act 1907 were both repealed by the National Health Service (Scotland) Act 1947 and compulsory vaccination therefore ceased in 1948.

For some years after that infant vaccination continued to be practised as before but later immunisation schedules advised that the procedure should be deferred until a child was one year old.

In the Report for 1970 it was pointed out that there was a growing body of influential opinion which was against routine vaccination at all and it was forecast that it would ultimately be abandoned as part of the normal immunisation schedule.

This in fact occurred sooner than was expected because early in 1971 the Joint Committee of the Central and Scottish Health Services Council expressed a unanimous opinion that routine vaccination need not now be recommended in early childhood.

In accordance with this recommendation we no longer offer infant vaccination in our clinics.

A policy of vaccination and re-vaccination is however, still necessary for persons living in or travelling to countries where Smallpox is endemic. For other reasons the evidence is that isolation of cases and the tracing, vaccination, and surveillance of contacts can be equally effective.

Vaccination Statistics

Primary Vaccinations

(1) Successful "take"	.....	35
(2) "No take"	.....	5
(3) Not examined	.....	3
Total	.....	43

Re-Vaccinations

(1) Successful "take"	.....	115
(2) "No take"	.....	5
(3) Not examined	.....	30
Total	.....	150

INFANT VACCINATION

Consolidated table for last five years to show percentage of infants who have been vaccinated.

Year of Birth	Successfully Vaccinated in					Total Vaccinated in last five years	Approximate number in age group	Percentage vaccinated
	1968	1969	1970	1971	1972			
1972	-	-	-	-	-	-	744	0.0%
1971	-	-	-	-	2	2	754	0.3%
1970	-	-	1	60	4	65	729	8.9%
1969	-	5	94	28	1	128	748	17.1%
1968	3	118	95	40	-	256	767	33.4%
Totals						451	3,742	12.1%

Calculated on ages 1-5 only the overall percentage is 15.0%.

IMMUNISATION AGAINST TUBERCULOSIS

C.G. Vaccination

Reference to what is being done in this regard will be found in the section the Report dealing with Tuberculosis.

DIPHTHERIA IMMUNISATION

The public attitude to diphtheria immunisation is fortunately much less reserved than to vaccination and very little difficulty is now experienced by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunisation or re-immunisation of the pupils in attendance was carried out as required.

For children below school age a weekly immunisation clinic was held throughout the year except in the summer holidays, and every endeavour made to ensure that mothers brought their children for treatment. Combined antigens affording protection against whooping cough and tetanus as well as against diphtheria, are now used almost exclusively.

Where a child had not been immunised by its first birthday, special attention given to the case by the Health Visitor.

The tables overleaf give details of the actual work done during the year.

RUBELLA VACCINATION

In July, 1970, Local Health Authority Services Circular No. 10/1970 drew attention to a recommendation of the Joint Committee on Vaccination and Immunisation that vaccination against Rubella (more commonly known as German Measles) should be offered to all girls between their 11th and 14th birthdays. The purpose of this recommendation is to ensure that girls should be protected against rubella by vaccination before reaching child-bearing age because of the known association between certain foetal abnormalities and rubella infection during pregnancy.

Scottish Home and Health Department undertook to provide supplies of the necessary vaccine free until March, 31st 1971.

In 1970 the girls between their 11th and 14th birthday were those born in the years 1957-1959 inclusive and a start was made by offering vaccination to the most senior age group. During 1971 and 1972 the programme was continued in accordance with the details given below, and we are now able to concentrate on one age-group each year, namely those girls with their 12th birthday in the calendar year.

A combined Permission/Record card accompanied by explanatory material was issued to the parent of each child and after the signed cards had been returned and collected in various schools were visited to carry out the vaccinations.

The general response was very good and the procedure proved to be completely trouble-free.

No. of girls vaccinated

	<u>Vaccinated in 1971</u>	<u>Vaccinated in 1972</u>
Pre 1957	2	1
1957 age-group	52	-
1958 " "	328	-
1959 " "	355	5
1960 " "	1	301
	<hr/>	<hr/>
	738	307
	<hr/>	<hr/>

The acceptance rate for the appropriate year is now running at 85%.

IMMUNISATION

DIPHTHERIA PERTUSSIS TETANUS

Numbers of children completing full primary course against:-

Year of Birth	Diphth- eria	Tetanus	Per- tussis	Diphth- eria Per- tussis	Diphth- eria Tetanus	Diphth- eria Per- tussis Tetanus
1972	-	1	-	-	-	65
1971	-	-	-	-	-	462
1970	-	3	-	-	-	50
1969	-	2	-	-	-	24
1968	-	-	-	-	4	12
1967	-	1	-	-	31	3
1966	-	1	-	-	13	4
1965 or earlier	-	91	-	-	-	1
Totals	-	99	-	-	48	621

768.

Numbers of children receiving maintenance inoculations against:-

Year of Birth	Diphth- eria	Tetanus	Per- tussis	Diphth- eria Per- tussis	Diphth- eria Tetanus	Diphth- eria Per- tussis Tetanus
1972	-	-	-	-	-	-
1971	-	-	-	-	-	3
1970	-	3	-	-	-	-
1969	-	10	-	-	-	2
1968	-	20	-	-	-	4
1967	-	9	-	-	501	16
1966	-	14	-	-	147	3
1965 or earlier	-	226	-	-	8	6
Totals	-	281	-	-	656	34

971

DIPHTHERIA IMMUNISATION

Consolidated table for last four years to show percentage of child population recently immunised.

Year of Birth	Immunised or re-immunised in				Total protected within four years	Approximate no. in age group	Percentage
	1969	1970	1971	1972			
1972	-	-	-	65	65	744	8.7%
1971	-	-	85	465	550	754	72.9%
1970	-	63	471	50	584	729	80.1%
1969	74	422	66	26	584	748	78.1%
1968	365	50	21	20	456	767	59.5%
1967	40	9	15	551	615	845	72.8%
1966	25	7	531	167	730	807	90.4%
1965-58	27	471	212	15	725	6,105	11.9%
Aged 0-15 Totals					4,309	11,499	37.4%

WHOOPING-COUGH IMMUNISATION - TETANUS IMMUNISATION

Children are now generally immunised against diphtheria whooping cough and tetanus simultaneously by the use of "Triple Antigen". Supplies of this prophylactic material are also made available free of charge to local doctors.

During the year 621 children had primary courses of this threefold protection.

DIPHTHERIA IMMUNISATION

Health Department and Family Doctor returns shown separately

	By Health Dept, at Clinic or School		By Family Doctor		Totals
	Initial Course	Mainten- ance	Initial Course	Mainten- ance	
Pre- School Children	389	-	223	9	621
School Children	48	655	6	32	741
	437	655	229	41	1,361

MEASLES VACCINATION

Health and Welfare Services Circular No. 4/1966 drew attention to the possibility of immunising susceptible children against measles. As a result of controlled trials conducted by the Medical Research Council the Joint Committee on Vaccination and Immunisation of the Central and Scottish Health Services Council accepted that the vaccination schedules used were effective and acceptable procedures. The Committee however, went on to say that it regarded as premature any programme of general measles vaccination although it agreed that the appropriate vaccines should be made available to general practitioners. At that time the Secretary of State did not suggest that local authorities should make arrangements for such vaccinations in terms of section 26 although he was prepared to consider giving his approval if requested to do so.

Since then events have moved on and in Health and Welfare Services Circular No. 9/1968 local authorities were asked to make arrangements for the protection of all susceptible children up to the age of 15 and offered free supplies of the necessary vaccine - a concession which was not previously available, and has now again been withdrawn.

These facilities were offered and publicised from May, 1st 1968, but the response was poor both at clinics and under the general practitioners. It was known that a substantial proportion of cases treated might be expected to have a mild febrile reaction and a transient rash and no doubt this acted as a deterrent compared with the ready acceptance of other immunisation procedures which nowadays are expected to be (and generally are) completely trouble free.

However, there was again some increase of interest this year.

The details regarding children treated during the year are as follows:-

Year of Birth	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	TOTAL
Number Immunised	25	18	15	7	5	1	1	-	-	1	-	1	-	-	-	73

OLIOMYELITIS VACCINATION

D.H.S. Circular No. 5/1962 issued on 31st January, 1962, authorised the use of oral poliomyelitis vaccine and we commenced using it in May of that year. Since then it has been used exclusively. This change over from the former procedure of Salk Vaccine by injection has been a great saving in time and trouble and the oral method is of course much more acceptable to the children brought for treatment.

The table below gives details of the numbers of persons receiving oral vaccine during 1972.

Oral Vaccine (1972)

	1st Treat- ment	2nd Treat- ment	3rd Treat- ment	Main- tenance Dose	Totals
Pre- School Children	748	548	631	9	1,972
School Children & Older Persons	110	75	25	695	905
Totals	894	623	656	704	2,877

7. Prevention of Illness, Care and After Care (N.H.S.(S) A 1917 Sect. 22)

(a) Tuberculosis.

The tables which follow illustrate the progress which is being made towards the ultimate goal of complete elimination of tuberculosis from the community. The Mass Radiography Campaign in 1958 made an important contribution to this end but the figures since then remained rather static until 1970. It is satisfactory however to note that the notification figures this year continue to show the substantial decline noted in 1971.

In 1972 the number of confirmed notifications of tuberculosis of all forms was 6 of whom only 2 had pulmonary disease. There were 4 cases notified with non-respiratory tuberculosis - 2 superficial glands and 2 urinary infections.

This compares with last year's figures of 4 pulmonary cases and 1 case of non-pulmonary infection.

There were however four deaths, three males and one female, all over 45 years of age and two over 75 representing the late effects of long standing chronic disease.

This gave a rate of 0.07 for pulmonary disease and 0.03 for non-pulmonary disease.

In 1971 the rates were 0.05 and 0.00 respectively per 1,000 of the population.

The following tables set forth the position from 1938 onwards and are of interest in showing the trends of the disease over the period.

PULMONARY DISEASE - AIRDRIE BURGH

Year	Average 1938-47	Average 1948-57	Average 1958-67	1968	1969	1970	1971	1972
Notificat- ions	25.7	34.7	21	16	13	15	4	2
Deaths	12.8	9.3	2.5	0	1	1	2	3
Death Rate	0.46	0.30	0.08	0.00	0.03	0.03	0.05	0.07

NON-PULMONARY DISEASE - AIRDRIE BURGH

Year	Average 1938-47	Average 1948-57	Average 1958-67	1968	1969	1970	1971	1972
Notificat- ions	12.0	7.5	3	1	5	3	1	4
Deaths	4.6	1.8	0.1	0	1	0	0	1
Death Rate	0.19	0.06	0.003	0.00	0.03	0.00	0.00	0.03

As explained previously in paragraph A (page 9) the respective functions of the local authorities of the hospital authority with regard to tuberculosis are very closely co-ordinated.

Originally the Tuberculosis Physician had his office in the Health Department and all records were held in common. Unfortunately some disturbance of this arrangement took place in 1957. The opening of the new Out-Patient Department at Alexander Hospital with its section for tuberculosis resulted in the Tuberculosis Physician transferring his headquarters there. Nevertheless, he continues to keep closely in touch with our side of the work and we still maintain in the Health Department the main records relating to notified cases. Despite the transfer to Stratbridge the Infectious Disease Nurse employed by the health authority staff attend the diagnostic and treatment clinics and continue the visitation of cases and contacts.

Great stress is laid on case finding.

The diagnostic facilities of the weekly chest clinic are made most freely available to all the doctors in the area. Every effort is made to have all contacts examined and kept under supervision and a separate "contact clinic" is held in separate premises and at a different time from a regular tuberculosis clinic.

The next table shows the manner in which the notified cases of respiratory tuberculosis were discovered and brought under supervision.

The "symptom-group" comprises those patients who attended or were referred for examination because they were already complaining of some symptom. The other categories comprise those cases who would not immediately have been discovered but for the active measures taken to find them.

Methods by which new patients were discovered to be suffering from respiratory tuberculosis

Symptom-group examination	2
Contact group examination	-
Mass Miniature Radiography (General public etc.)	-
Routine examination	School Staffs -
of	National Service Recruits -
Special Groups	Emigrants -
Total	2

A B.C.G. Clinic is held as required and tuberculin negative contacts are treated here by the Tuberculosis Physician. The numbers have now so declined that a regular monthly clinic is no longer necessary. Children requiring segregation can be accommodated in Arranview Children's Home by arrangements with the Social Work Committee.

The only extra nourishment given to tuberculosis patients is milk. Vouchers are given to patients recommended by the Tuberculosis Physician and milk is obtained from/

from the customary milkman who renders to the Health Department his account accompanied by the voucher.

During the year 4 (5 in 1971) patients received free milk at a total cost of about £41. The cost in 1971 was £43.00. In 1953 it was as high as £600.00.

There has been no difficulty in securing hospital accommodation for cases of tuberculosis. No case in need of active treatment has had to wait for a bed.

There were no patients on the waiting list at the end of the year.

AFTER-CARE

Proper housing is regarded as being of great importance in dealing with tuberculosis. Not only does it facilitate the care of the actual patient and contribute to his recovery but it helps also to reduce the amount of risk to other members of the household.

This has been fully recognised by the Town Council and arrangements are such that generally speaking, no case is sent home to unsuitable housing conditions. The Council's housing Pointage Scheme is heavily weighted in favour of the tuberculosis patient and by co-operation between the Health Department, the Housing Department and the Sanitary Inspector's Department it is usually possible to make some satisfactory arrangement for such cases.

It is considered that the domiciliary work of the Tuberculosis Nurse is particularly valuable in after-care of the tuberculosis patient and his family.

Her regular visits help to keep up the morale of the patient and she is able to play a valuable part in educating the household in the measures necessary to avoid further infection. Her influence is important too, in prevailing upon contacts to attend for examination and supervision and for B.C.G. Vaccination should that be indicated.

She reports too, on the patients' needs and recommends them for any necessary assistance in the way of bedding.

The Council has arrangements for meeting such needs but during the year no applications were received.

Patients are also helped to obtain any additional Ministry of Social Security grants to which they may be entitled.

B.C.G. VACCINATION

	Tuberculin tested		Negative Reactors		Vaccinated during 1972	
	M.	F.	M.	F.	M.	F.
(1) Nurses	-	-	-	-	-	-
(2) Medical Students	-	-	-	-	-	-
(3) Contacts	27	22	25	22	31	28
(4) Special Groups						
(a) School Leavers	427	445	389	402	389	402
(b) New-born Babies	-	-	-	-	-	-
(c) Others	-	-	-	-	-	-

We have not yet adopted a formal scheme for the B.C.G. Vaccination of all new born infants. Some were dealt with as contacts.

During 1954 we extended our provisions for B.C.G. Vaccination to include the systematic vaccination of children of school leaving age and this scheme duly received the approval of the Secretary of State.

Up till 1960 the children eligible each year were those who had reached their fourteenth birthday during the school year. The work was started on this basis during 1955 and subsequent years, but in 1961 for administrative convenience the "school year" was altered to the "calendar year". We have not so far lowered the age limit for vaccination to 10 as has been suggested.

With the ready co-operation of the Headmasters, lists were prepared of all the children in the appropriate age groups and a letter explaining the proposed procedure was then sent to all their parents.

A form of consent was also enclosed for signature and return.

Of the four schools involved the relevant figures for 1972 were as follows:-

Total number of children	939
Total consents	893 (+ 9 already treated elsewhere = 902)
Percentage consenting	96.6%

The actual work of testing and vaccination was commenced when the schools resumed in the beginning of 1972 and the results are included in the table above. The overall percentage of negative reactors (i.e. those requiring to be vaccinated) was 90.9%.

The following table shows the percentages of negative reactors amongst the children tested for each year since the work commenced in 1955:-

Year	Percentage of negative reactors
1955	60.5%
1956	71.7%
1957	68.7%
1958	79.0%
1959	77.0%
1960	81.3%
1961	86.3%
1962	87.7%
1963	88.0%
1964	89.4%
1965	86.6%
1966	88.2%
1967	89.3%
1968	90.2%
1969	90.9%
1970	92.9%
1971	90.7%
1972	90.9%

It is considered that this reflects the continued progress of our anti-tuberculosis measures generally, inasmuch as a growing percentage of children are reaching school leaving age without having contracted a primary infection.

Since the B.C.G. Vaccination Scheme was started children of school leaving age have been dealt with in the Burgh as completely as possible but relatively little has been done in the schools in the landward county.

This circumstance provides a basis of comparison on which to judge the value of the procedure.

In the Report for 1967 tables were included which showed in detail that the incidence of pulmonary tuberculosis did not vary greatly during 1962-66 between the burgh and county populations who had left school before the scheme started but that there was a significant difference between the two areas when one considered new cases arising in persons aged 15-24 who had left school during the years which vaccination was offered in the burghs.

The difference was especially marked in females.

TUBERCULOSIS - STATISTICAL RETURNS, 1972

Part 1 - RESPIRATORY TUBERCULOSIS

TABLE 1

Number of cases confirmed to be suffering from active respiratory tuberculosis during the year 1972.

	AGE GROUPS									
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	Total
Males	-	-	-	-	-	-	1	-	-	1
Females	-	-	-	-	-	-	1	-	-	1
Total	-	-	-	-	-	-	2	-	-	2

Part 11 - NON-RESPIRATORY TUBERCULOSIS

TABLE 2

Number of cases confirmed to be suffering from active non-respiratory tuberculosis during the year 1972

Form	Sex	under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
1. Abdominal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
2. Meningeal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
3. Miliary	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
4. Bones & Joints	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
5. Superficial Glands	M	-	-	-	1	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	1	-	1
6. Genito urinary Organs	M	-	-	-	-	1	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-
Other Organs	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	1	-	1
Total		-	-	-	1	1	-	-	2	-	4

Number of persons who died from tuberculosis in the area during the year and whose illness was not notified before death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Number of persons who died from tuberculosis of whom--				
Not notified or notified only at or after death	-	-	-	-

TABLE 4

Return of number of persons resident in the area at 31st December, 1972, who were known to be suffering from respiratory tuberculosis

[illegible]

Prevention of Illness, Care and After-Care (Cont'd).

(b) Other Illnesses generally including epileptics and spastics

No organised arrangements have so far been made for the care and after-care of illness other than tuberculosis. The Council has, however, been supporting the work and interests of the Scottish Epilepsy Association, the Muscular Dystrophy Group and Scottish Spina Bifida Association.

(c) Convalescent Home Provision

The local authority does not maintain any convalescent homes.

(d) Care of Old People

(i) Homes or Hostels

During 1949 the Town Council acting as trustees of a bequest known as the Strain bequest, and in terms of the bequest, took steps to set up a Home for Old Men.

They acquired a mansion house known as "Rosemount", Forrest Street.

This was remodelled and equipped to provide accommodation for up to fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple were engaged and installed as warden and housekeeper.

The Home was formally opened on 12th October, 1949, by the late Mrs Jean Mann, M.P. and is now known as Strain House in memory of the benefactor who left the bequests for its inception. There are also plans to provide an Old Folk's Home on a site in Forrest Street. Building of this is now in progress.

(ii) Hostel or similar accommodation

The Local Authority formerly had one block of fourteen single apartment houses which were kept for old people aged 60 and over.

This has now been closed because of prospective re-development in the area.

Recent housing schemes have made provision for many two apartment houses for allocation to old persons or married couples over 65 years.

In the whole Burgh there are now 738 municipally owned 2 apartment houses and one apartment residences.

(iii) Housing on Medical Grounds

Special consideration is given to persons who submit that they require priority for housing because of their medical condition.

During the year 31 such cases were specially examined by the Medical Officer of Health and full reports submitted for the information of the Housing and Town Planning Committee. This was about the same number as last year. The investigation of these cases is very time-consuming and the advice to be given to the Committee often occasions much anxious consideration but the numbers have declined steeply from a quite recent average of 60 per annum, so that it would seem that the more pressing needs are being adequately met.

The Scheme for Exchange of House on Medical Grounds was revised in 1963 in an attempt to ensure that cases were dealt with according to priority of need and the new arrangements appear to be reasonably satisfactory.

(iv) Home Helps.

(v) Old Peoples Clubs and similar organisations.

(vi) Charitable Bequests and Endowments.

(vii) Airdrie Old People's Welfare Committee.

The above are now mainly the concern of the Social Work Department.

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(viii) Chiropody Service

The Chiropody Service was originally pioneered by the Old People's Welfare Committee with the help of the local branch of the British Red Cross Society. It was subsequently taken over by the Welfare Department on the basis that pensioners in need of treatment were referred to private practising chiropodists and the costs met by the Town Council.

The service expanded to an extent justifying the appointment of a full-time chiropodist and this was done towards the end of 1966. Surgery facilities were provided at Wellwynd Clinic and the Health Department assumed responsibility for the general administration of the Service.

Since then the demand for chiropody facilities continued to grow and by the middle of 1967 it had become obvious that additional facilities were required. Two factors contributed to this increased demand - the greater convenience and availability of a part-time service centred in the Council's clinic premises and the more systematic arrangements for the recall of persons in need of continuing treatment.

This increased volume of work has so far been dealt with by the employment of part-time chiropodists on a sessional basis mainly at Craigneuk Clinic. This has met the growing need and the extension of facilities in the eastern part of the town has been of advantage to pensioners living in that area who formerly required to travel to the central clinic.

The number of these additional sessions reached 8 per week in 1971 and the need for an additional full time chiropodist to replace this part-time service was recognised. Unfortunately, despite advertisement, it was not possible to attract a suitable applicant until August and the sessional arrangements were continued.

Mr. William Beattie the whole-time Chiropodist has provided the following figures relating to his speciality for the year 1972.

He reports also that during the year there was an increasing demand for treatment which continued to strain the resources of his Department especially since it was short-staffed for much of the time. This resulted in unduly long intervals between treatments.

However, the position improved in August with the appointment of another full-time chiropodist and it became possible to reduce the treatment interval to 6 weeks. The monthly average of treatments given rose proportionately - from 377 to 564.

In last year's Report it was mentioned that facilities for Appliance making had been provided. By the end of the year the increased regularity of treatment combined with the supply of suitable appliances when necessary was considered to have effected a significant reduction in the number of serious foot conditions requiring treatment.

The demand for Domiciliary treatments also increased and despite increasing the number of sessions per week to 5, a 12 week treatment interval was necessary.

During the year there were requests from various clubs, particularly Young Men's Clubs, for talks on Foot-Care and Foot Health and it was felt to be encouraging that mothers were showing such interest in the care of their children's feet.

Since the Chiropody Service started in 1966 the total volume of work undertaken has been:-

Clinic Treatments

Domiciliary Treatments

Total

Male

Female

Male

Female

5,012

15,112

1,259

3,785

25,168

Registration of Patients

		Males	Females	Total
Routine treatment	- Wellwynd	169	469	638
	Craigneuk	51	144	195
	Domiciliary	75	237	312
		295	850	1,145
"Await Request" Cases	Wellwynd	31	93	124
	Craigneuk	8	26	34
Deceased or transferred		20	81	101
		354	1,050	1,404

Percentages of registered patients

		Males	Females	Total
Routine treatment	Wellwynd	12.0%	33.4%	45.4%
	Craigneuk	3.6%	10.3%	13.9%
	Domiciliary	5.4%	16.9%	22.2%
		21.0%	60.5%	81.5%
"Await Request" cases	Wellwynd	2.2%	6.6%	8.8%
	Craigneuk	0.6%	1.9%	2.5%
Deceased or transferred		1.4%	5.8%	7.2%
		25.2%	74.8%	100%

Treatments Given

	Wellwynd	815	2,579	3,394
	Craigneuk	229	780	1,009
	Domiciliary	213	847	1,060
		1,257	4,206	5,463

Unkept clinic appointments 438 = 9%

Percentages relating to treatments given (by sex)

Wellwynd	24.0%	76.0%	100%
Craigneuk	22.7%	77.3%	100%
Domiciliary	20.1%	79.9%	100%
All Cases	23.0%	77.0%	100%

Patients treated

	Wellwynd	14.9%	47.3%	62.2%
	Craigneuk	4.2%	14.3%	18.5%
		19.1%	61.6%	80.7%
Total Clinic		3.9%	15.4%	19.3%
Domiciliary		23.0%	77.0%	100%

(ix) Health and Welfare Services Circular No. 7/1964 - Laundry Services for Elderly and Infirm

A laundry service for elderly invalids was started in June, 1966, and continued operate during 1972.

The persons eligible to use this are pensioners in bed at home under the care of the Home Nursing Service.

Basic items of bed-linen and night attire are issued on loan as required and daily laundered replacements are subsequently supplied as often as necessary in exchange for soiled articles returned for washing. The Scheme is operated from the laundry of the Public Baths.

The weekly average of cases assisted is about 12.

(x) Liaison with Geriatric Hospital Services

Coathill Hospital, Coatbridge, has developed into the main geriatric hospital in the area and some accommodation is also available for long-term geriatric female patients in Wester Moffat Hospital.

There are also Day Hospital facilities at Coathill and arrangements for Health Visitor liaison.

) Prevention of Home Accidents

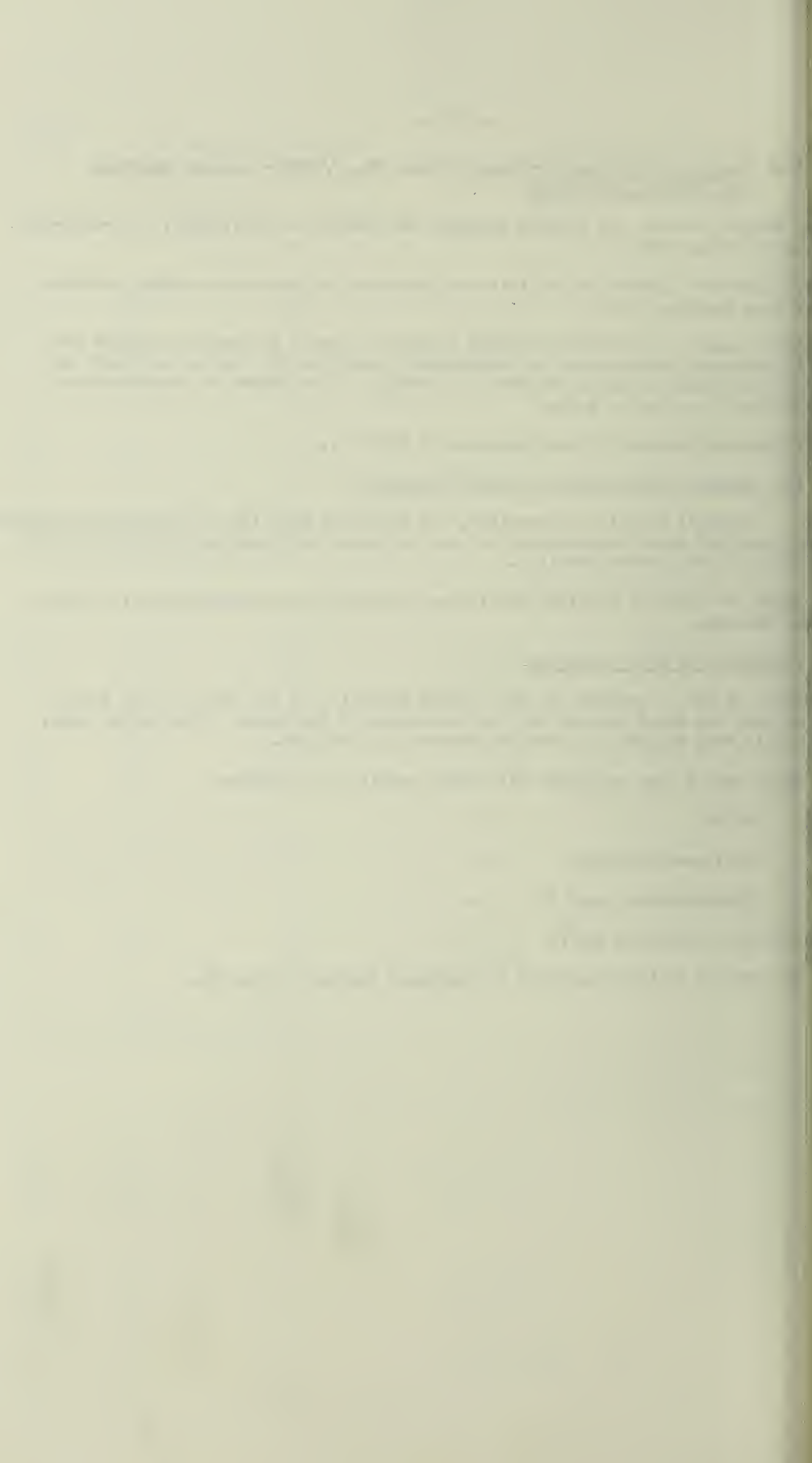
There is not at present any Home Safety Committee in the area nor any formal liaison with the Royal Society for the Prevention of Accidents. The latter body, however, is very helpful in providing posters and leaflets.

There were 4 home accidents with fatal results, all females.

Falls	2.
Coal-gas poisoning	1.
Electrocution (aged 2)	1.

Last year the total was 2.

The subject of home accidents is discussed further on page 66.



Control of Infectious Diseases

The notifications numbered 87, considerably less than last year's figure of 127. Pneumonia and tuberculosis accounted for 30 cases and measles for 24 (notifiable before 1968) but the incidence of other infectious diseases was insignificant.

The year therefore was uneventful. The number of cases of scarlet fever notified was only 13 but the disease is now generally so mild that it appears certain that more cases go unrecognised or at least unnotified.

Anthrax

From October, 1st 1960, Anthrax was added to the list of notifiable diseases. There was formerly an obligation to inform the Chief Inspector of Factories of cases occurring among factory workers but medical practitioners are now required in addition to inform the local Medical Officer of Health of any cases coming to their notice.

The risk affects chiefly workers in trades dealing with wool, hides, brushes and bone meal. There are no such industries in Airdrie but there are at least four in Glasgow and others elsewhere in the West of Scotland.

No cases have so far been reported locally.

Measles and Infective Jaundice

From October, 1st 1968, these two diseases were added to the list of notifiable diseases in terms of the Public Health (Infectious Disease) (Scotland) Amendment Regulations 1968.

These regulations also raised the notification fee payable to doctors to 25p per case of notifiable disease.

The fee of 12½p previously paid was prescribed by section 4 of the Infectious Diseases (Notification) Act, of 1889 - a circumstance which induces some interesting reflections on relative values during 80 years.

Annual Notifications

The tables given overleaf show the actual number of confirmed cases of various diseases which were notified during 1972 with the figures for the five previous years set in parallel columns for comparison.

ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASE
1972 COMPARED WITH FIVE PREVIOUS YEARS

	1967	1968	1969	1970	1971	1972
anthrax	-	-	-	-	-	-
Cerebro-spinal Fever	1	5	-	-	1	-
Chickenpox)not locally)notifiable	-	-	-	-	-	-
Cholera	-	-	-	-	-	-
Continued Fever	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-
Dysentery	1	2	1	5	2	1
Encephalitis Lethargica	-	1	-	-	-	-
Erysipelas	1	-	-	2	-	1
Food Poisoning	-	9	-	1	5	-
Gonorrhea, Acute Infective	-	5	55	20	8	1
Leptospirosis	-	-	-	-	-	-
Malaria	1	-	-	-	-	-
Measles	-	125	82	410	73	24
Ophthalmia Neonatorum	-	-	-	-	-	-
Polio	-	-	-	-	-	-
Pneumonia, Acute Influenzal	9	1	1	1	-	-
Pneumonia, Acute Primary	2	-	-	2	3	-
Pneumonia, (Other)	42	36	43	41	24	40
Polio myelitis (Acute Paralytic)	-	-	-	-	-	-
Polio myelitis (Acute Non Paralytic)	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	-	1
Scarlet Fever	-	-	-	-	-	-
Scarlet Fever	21	8	9	5	11	13
Smallpox	-	-	-	-	-	-
Tuberculosis Pulmonary	19	16	13	11	4	2
Tuberculosis Non Pulmonary	2	1	5	4	1	4
Typhoid Fever	-	-	-	-	-	-
Paratyphoid A	-	-	-	-	-	-
Paratyphoid B	-	-	1	-	-	-
Typhus	-	-	-	-	-	-
Whooping Cough	7	4	-	13	-	-
	106	213	210	515	132	87

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1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
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Venereal Disease

Dr. G. Masterton, The Consultant Venereologist has kindly supplied the following details of the work of his Department during 1972 so far as Airdrie patients are concerned:-

New Cases

Syphilis	Males	-	
	Females	-	
Gonorrhoea	Males	3	
	Females	-	
Non-specific Uretheritis	Males	7	
	Females	-	
Other Venereal conditions	Males	4	
	Females	1	
Non-Venereal conditions	Males	5	
	Females	2	
Trichomoniasis	Males	-	
	Females	1	
<hr/>			
Total	Males	19	
	Females	4	23.

Attendances

Males	85	Females	23	Total	108.
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There is no clinic in Airdrie and these figures relate to Airdrie patients attending at Oak Lodge, Hamilton.

In recent years, judged by the returns from this clinic, the incidence of venereal disease has been low but we do not know how many cases are perhaps treated elsewhere or by their own doctors.

ak Lodge

Year	Primary Attendances	Subsequent Attendances	Total Attendances
1956	17	159	176
1957	7	106	113
1958	14	114	128
1959	10	92	102
1960	11	83	94
1961	19	213	232
1962	13	132	145
1963	13	64	77
1964	11	72	83
1965	22	81	103
1966	14	42	56
1967	6	34	40
1968	18	59	77
1969	21	144	165
1970	9	44	53
1971	35	155	190
1972	23	85	108

No special measures of preventive propaganda have been carried out in recent years apart from publicising details of clinics.

Much of our routine work is, however, directed towards the discovery of the unsuspected case so that future ill effects can be obviated or minimised by early treatment. Hence the importance of routine blood tests in pregnancy and the routine prophylaxis of ophthalmia neonatorum.

Mental Health Service (N.H.S.(S) A. 1947, Mental Health (S) A. 1960)

A detailed analysis of the size and nature of the local needs for the care of the mentally disordered was given in the report for 1962 and there is not a great deal which need be added to what was said at that time.

The new Occupation Centre for mental defectives was opened at the end of 1968 and has continued to operate successfully during 1972.

It provides for 40 adults and 10 juniors.

Mentally Ill Persons

The Physician Superintendent of Hartwood Hospital has supplied the following details about the admission of Airdrie Patients.

		<u>Informal Patients</u>		
		<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident at 1/1/72	.....	32	57	89
Direct admission during year	.....	84	94	178
Transfers from detained roll during year	.....	8	8	16
		124	159	283
Discharged during year	.....	81	83	164
Transferred to detained roll	.....	2	2	4
Died during year	.....	3	8	11
Remaining resident at 31/12/72	.....	38	66	104

		<u>Detained Patients</u>		
		<u>Males</u>	<u>Females</u>	<u>Total</u>
Resident at 1/1/72	.....	13	4	17
Direct admission during year	.....	10	7	17
From Informal Roll	.....	2	2	4
		25	13	38
Discharged during year	.....	5	-	5
Transferred to Informal Roll	.....	8	8	16
Died during year	.....	-	-	-
Remaining resident at 31/12/72	.....	12	5	17

In addition to the institutional cases of mental illness 57 persons received regular home visits without being under formal guardianship (Visits 80).

		<u>Mental Defectives</u>	
In Institutions at 31/12/72	.....	21	
Under guardianship	5	Visits 20
Receiving informal supervision			Visits 120
by Local Authority	117	

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CONTENTS.

Page	Page	Page	Page
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
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16	16	16	16
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CONTENTS.

Page	Page	Page	Page
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
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Natal Welfare

The history of the development of services for the mentally handicapped has been given in earlier reports. Facilities pioneered by Voluntary Associations have progressively been taken over by the local authority but local voluntary interest continues to play its part in a harmonious partnership. The various activities are however, now the concern of the Social Work Department.

Nurseries and Child Minders Regulations Act, 1948

There are now eight registered Play Centres providing 160 places.

Noise Abatement Act, 1960

No special action has been necessary under the provisions of this Act.

Section 2 of the Act allows the use of a loud speaker fixed to a vehicle which being used for the conveyance of a perishable commodity for human consumption provided it is operated between the hours of noon and 7 p.m. for the purpose of informing members of the public (otherwise than by means of words) that the commodity is on sale from that vehicle.

This has resulted in most of the vans of ice-cream vendors being equipped with musical chimes.

The effect of a multiplicity of these vans touring the residential streets and beating interminably the first few bars of popular tunes is extremely annoying despite the fact that it complies with the law.

The Clean Air Act, 1960

Until 1971 no special action had been taken under this Act, but it has now been decided to develop 10 Smoke Control Areas covering the whole Burgh and the first of these is now in operation. Progress is continuing. Airdrie stands high, the top of the Burgh being more than 450 feet above sea level, and the degree of air pollution appears to be less than in other parts of industrial Clydeside.

The current design of our municipal housing with its emphasis on the use of electricity should make a substantial contribution to the reduction in the domestic smoke nuisance. The Sewage Works Manager has recently remarked on the increased amount of "screenable" material reaching the Sewage Works and he is of the opinion that this is attributed to the gradual disappearance of the open-fire as a means of domestic heating.

Early detection of defects in Childhood

The Handicapped Register

In 1962 Dr. Mary D. Sheridan of Guys Hospital pointed out that the development of physical or mental handicap could often be related to a history of adverse influences pre-natal, intra-natal and early post natal life.

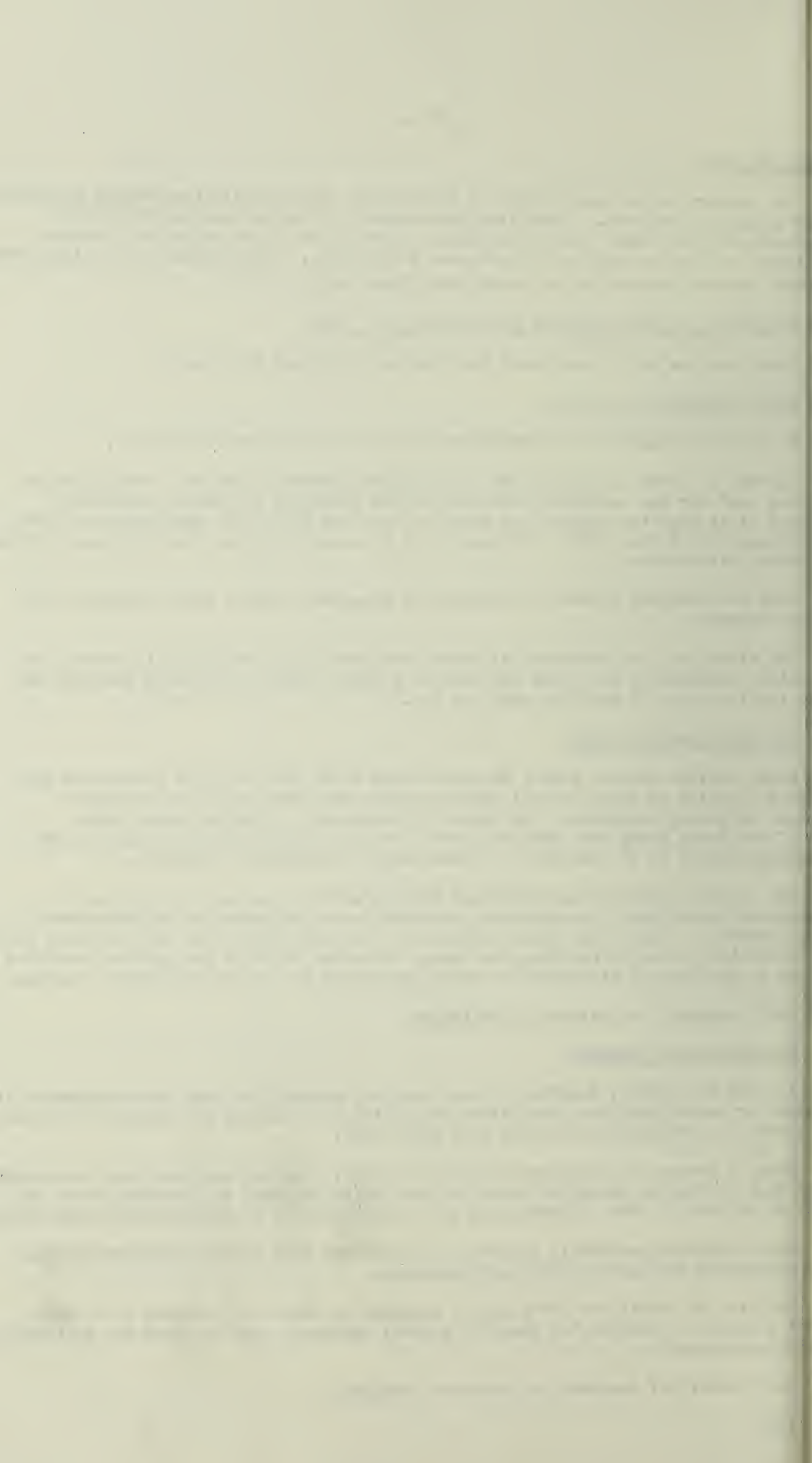
This of course had long been recognised but Dr. Sheridan suggested that information about such influences should be noted for each child and used to determine those who might be at special risk of developing some disability and so merit special supervision.

This procedure was widely adopted and from about 1963 onwards most authorities have maintained some sort of "At Risk" Register.

The list of conditions which can be regarded as adverse influences is to some extent a matter of opinion but there is general agreement that at least the following should be included:-

(a) History of handicap in parents or siblings.

(b)/



- (b) Rubella in pregnancy.
- (c) Low birth weight.
- (d) Rhesus incompatibility.
- (e) Congenital abnormality.
- (f) Unsatisfactory post-natal state.
- (g) Convulsions.
- (h) Phenylketonuria.
- (i) Severe illness e.g. meningitis encephalitis etc.
- (j) Head injury.
- (k) Retardation in speech and general development.

Special efforts have been made to identify such children and the Health Visitors have maintained separate record cards relating to their progress.

Reference to this procedure has already been made in the Child Welfare section of the Report on page 30.

However, in 1969 the matter was taken a stage further by the establishment of a handicapped Register in co-operation with Scottish Home and Health Department who now provide facilities for computer processing of the data.

The establishment of such a Register is a continuing process as it is built up by collecting cases of disability as they come to light - new cases, transfers from the "At Risk" Register and transfers from other authorities.

The initial stages of preparing all the information about a large number of children in a form which could be accepted by the computer proved a laborious task but now that this has been done it is comparatively easy to add new cases and take off those who have recovered, died or moved away and to have a complete conspectus of the problem available for presentation by the computer when required is of considerable advantage.

The following is one of the tables furnished by the computer showing the general position at 31/12/72.

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Handicapped Register at 31/12/72

Main Disability by Age and Sex

	Sex	AGE-GROUPS								Total
		0-1	1-2	2-3	3-4	4-5	5-10	10-15	15+	
01 Deaf	M	-	-	-	2	-	-	-	-	1
	F	-	-	1	1	-	-	-	-	2
02 Partially Deaf	M	-	-	-	-	-	4	-	-	4
	F	-	-	-	1	-	6	-	-	7
03 Blind	M	-	1	-	-	-	-	-	3	4
	F	-	-	-	-	-	-	-	-	-
04 Partially Sighted	M	-	-	1	1	1	6	1	1	11
	F	-	1	-	-	-	4	1	1	7
05 Other Sensory defect	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
06 Mental defect Educable	M	-	-	-	1	-	3	4	3	11
	F	-	-	-	-	-	3	5	4	12
12 Mental defect Trainable	M	-	-	-	1	-	10	7	6	24
	F	-	-	-	-	2	2	1	3	8
13 Mental defect not trainable	M	-	-	-	-	-	-	2	-	2
	F	-	-	-	-	-	2	2	3	7
14 Mental defect not yet assessed	M	-	-	-	1	1	3	-	-	5
	F	-	-	-	-	-	-	-	-	-
15 Psychosis	M	-	-	-	-	-	-	-	1	1
	F	-	-	-	-	-	-	-	-	-
16 Maladjustment	M	-	-	-	-	-	-	2	-	2
	F	-	-	-	-	-	-	-	-	-
17 Brain damage Cerebral palsy	M	-	-	-	-	-	3	2	2	7
	F	-	-	-	-	4	1	-	2	7
18 Other brain damage	M	-	-	-	-	1	-	1	-	2
	F	-	-	-	-	-	-	-	-	-
19 Epilepsy	M	-	-	-	-	-	1	-	3	4
	F	-	-	-	-	-	1	1	2	4
20 Spina Bifida Hydrocephalus	M	2	-	2	-	1	1	3	-	9
	F	1	1	-	1	-	1	1	-	5
21 Speech defect	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	1	-	-	1
22 Other neuro-psychiatric defect	M	-	-	1	-	-	-	-	-	1
	F	-	-	1	-	-	-	-	-	1
31 Absence of Upper Limb (s)	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	1	-	-	1
32 Absence of Lower Limb (s)	M	-	-	-	-	-	-	1	-	1
	F	-	-	-	-	-	-	-	-	-
33 Deformity of Upper Limb (s)	M	-	-	-	-	-	-	2	-	2
	F	-	-	1	1	-	-	-	-	2
34 Deformity of Lower Limb (s)	M	-	-	-	1	-	1	-	-	2
	F	2	1	-	1	-	2	-	-	6
35 Spinal Defect (not spina bifida)	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	1	1
36 Paralysis	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	1	1	-	2
37 Orthopaedic	M	-	-	-	-	1	2	1	1	5
	F	-	-	-	-	-	1	1	-	2
41 Heart Disease	M	-	-	-	-	1	4	-	-	5
	F	-	1	-	-	2	5	1	-	9
42 Diabetes	M	-	-	-	-	-	-	-	-	-
	F	-	-	1	-	-	-	-	-	1
43 Other metabolic disease	M	-	-	-	-	-	3	1	-	4
	F	-	-	-	-	-	2	-	-	2
44 Cleft Palate	M	-	-	-	-	1	-	-	-	1
	F	-	-	-	1	1	-	-	-	2
45 Asthma	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
48 Other	M	-	-	1	-	-	3	-	-	4
	F	-	-	1	-	1	-	-	-	2
Totals	M	2	1	5	6	7	44	27	20	112
	F	3	4	5	6	10	33	14	16	91

• Community Care

Under this heading the main responsibilities are now the concern of the Social Work Department which also administers the arrangements for Home Helps. Ancillary nursing and midwifery are referred to elsewhere in this Report.

School Health Service

For Airdrie Burgh the School Health Services are at present administered and carried out by Lanarkshire County Council in terms of their statutory duties under the Education Acts.

Discussions have been held in the past with the other Lanarkshire Burghs with a view to securing some integration of the School Health Service and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as happens elsewhere in other large burghs in Scotland, or otherwise. Some measure of agreement with the principle involved was reached amongst the Burghs but it did not prove possible to convince.

We do however, have excellent co-operation from the School Health Service and arrangements are in force by which any child is referred for comprehensive assessment if there is any handicap or suspected handicap likely to interfere with educability.

Port Health Administration

Not applicable.

Food Supply

(1) Milk

The year's work in relation to the Milk Supply is fully discussed in the Report of the Environmental Health Inspector.

No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream

Details regarding the control of this commodity will also be found in the Report of the Environmental Health Inspector.

(3) Meat and other Foods

Reference should be made to the Environmental Health Inspector's Report.

(4) Clean Food

The importance of clean methods of food handling and preparation has been stressed at suitable opportunities and by the display of posters.

(5) Food Poisoning

No cases of food poisoning were reported during the year.

(6) Nutrition

An important part of the Health Visitors duty is to see that children are properly fed and to urge that both they and their mothers should take advantage of the vitamin supplements made available by the Ministry of Food.

The uptake of these products leaves a good deal to be desired.

• Miscellaneous

(1)/

(1) National Assistance Act, 1948

(a) Provision of establishments under the act and their medical supervision

The Town Council have set up and now maintain a home for old men.

This is called Strain House and is partially supported by Endowment.

Each resident calls in his own doctor as required. There is no special medical supervision by the Local Authority.

A new and larger home is now in course of construction.

(b) Registration and inspection of disabled or old persons homes (Sect. 37)

There are no homes in the area other than those under the control of the local authority.

(c) Removals (Sect. 47)

)

(d) Care of Property (Sect. 48)

)

Administered by Social
Work Department.

(e) Burials (Sect. 50)

)

(f) Welfare Services (Sect. 29)

)

2) Nursing Homes Registration (Scotland) Act, 1938

With the extension of the Burgh boundary during 1951 one Nursing Home, previously registered by the County of Lanark, passed to the supervision of this local authority.

This was the only Home registered in the Burgh and it was given up in 1954.

During 1956, however, approval was given to the registration of a nursing home for the accommodation of chronic sick. During the year the necessary adaptation to former mansion were completed and the Home was opened on June, 24th by His Lordship the Right Reverend J.D. Scanlan, D.C.L., B.L., at that time Bishop of Motherwell.

The Home continues to be conducted by the Irish Sisters of Charity. It is excellently equipped and now provides extremely satisfactory accommodation and nursing for approximately 25 chronic sick patients.

3) Health Education

The Scottish Council for Health Education again gave us assistance with publicity material and lectures.

The Health Visitors have also given regular informal talks to mothers attending clinics. In these talks, use is made of film strips and we are gradually building up a library of suitable strips for use in this education work.

Special Health Education Projects

(a) Smoking and Lung Cancer

In Circular No. 47/1957 the Department of Health drew attention to the special report of the Medical Research Council on tobacco smoking and cancer of the lung. The conclusions of the Medical Research Council were that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the last twenty-five years was that a major part of it was caused by smoking tobacco particularly of cigarettes.

The Department invited local health authorities to take appropriate steps to ring/

ing this authoritative opinion to public notice.

It was suggested that the Town Council might give a lead to the citizens by posing a ban on smoking at their own meetings and by forbidding it at places of public entertainment under their own control but these ideas were not agreed to.

We have however, obtained supplies of posters on the subject and these have been displayed in offices, schools, doctor's waiting rooms and various public places.

During the year a special campaign was conducted in one of the Senior Secondary schools.

It is doubtful if these measures have made much impact on public opinion and there appears to be a real need for a large scale national campaign organised and promoted by the Central authority. It is noted that the new Health Education Unit is now doing something about this but it is up against massive commercial advertising in the other direction.

In Airdrie during the year there were twenty five deaths registered as being due to malignant conditions of the respiratory tract. They occurred in persons between the ages of 45-85, twenty two males and three females. In 1971 there were only one such deaths.

(b) Prevention of Accidents in the Home

In 1957 the Department issued Circular No. 32 dealing with the prevention of accidents in the home. The Town Council agreed to certain local measures with regard to propaganda and to instruction by the Health Visitors but in addition it was so decided to explore the possibility of setting up a Joint Sub-Committee on the lines of the Lanarkshire Road Safety Joint Committee in order to co-ordinate efforts to reduce home accidents. It was felt that existence of such a Committee would facilitate the collection of data about the problems and help in making more extensive efforts to bring its importance more forcibly to the public notice.

Several meetings were held with the object of securing the approval of the various Lanarkshire Authorities and consideration of the idea extended into 1958.

Unfortunately it proved impossible to secure general agreement and in April, of that year the County Clerk wrote to the Council expressing regret that the County Council could take no further action in the matter owing to the refusal of certain other Town Councils in the County area to co-operate.

It was therefore left to the Health Department to continue arrangements for as much publicity as possible to be given by Health Visitors and through Child Welfare clinics.

This has been done and in addition a Home Safety Handbook has been produced.

In the autumn of 1958 we also took part in the "Guard that Fire" Campaign. Posters were displayed and postal matter distributed by the Council was over printed with the emblem and slogan supplied by the Scottish Information Office.

During 1965 an exhibition dealing with Home Safety was staged in the Public Library. This was based on the Mobile Display lent by the Scottish Home and Health Department but we also had very valuable co-operation from Lanarkshire Fire Service. The Fire Service contributed a stand with models and other display material and there is generally a fireman in attendance to explain matters and give additional information. We were most grateful for this assistance and there was a reasonable amount of public interest in the Exhibition.

General Sanitation

(a) Reference to the water supply and sewage disposal arrangements will be found on page 4.

The/

The Cleansing Superintendent recently kindly supplied details regarding certain aspects of his work which are still of current interest viz:-

(b) Refuse Disposal

Extension of the Paper Sack Collection Systems is continuing. This is gradually replacing the former "use of skips which led to paper and other light refuse being blown on to streets and gardens".

Experiments using paper sack holders with a small wire mesh and solid base to prevent vermin gnawing holes in the sacks have been tried with success, and these more sophisticated types are now being increasingly used.

Large container refuse bins have been introduced for the new eight storey flats are proving generally satisfactory but without intelligent public co-operation a system can have its difficulties.

In the Department there are now four Screw-type Compression Refuse Freighters of which can deal with large containers. The old type of Pendulum Freighter has been mainly withdrawn from service. It is bulk rather than weight of refuse which is the present problem and only by compression can the standard of the service be maintained.

With paper sack collection and controlled tipping a vehicle which can rupture a sack is necessary. This allows better compaction at the coup and helps to prevent voids.

Street scavenging is carried out by the man-on-a-beat system with the help of two mechanical sweepers but the further extension of the town requires the acquisition of an additional mechanical sweeper and this is presently on order.

Civic Amenities Act 1967

The following action has been taken under the provisions on this legislation:-

- (1) Daily collection of bulky items such as old furniture on application for removal.
- (2) Daily collection of garden refuse on application by tractor and trailer hired for this purpose.
- (3) Removal of abandoned vehicles on application.

The provision of magazines at strategic points to take bulky items or garden refuse was considered but it was decided with our coup facilities and a collection service that these were unnecessary and to some extent also undesirable because of their tendency to degenerate into privy-middens and act as sources of vermin and infestation.

SUPERANNUATION

A total of 46 persons were medically examined for the purpose of the Superannuation scheme.

SCHOOL CROSSING PATROLS

2 persons were medically examined as to their suitability for employment as a School Crossing Patrol.

MILK/

MILK AND DAIRIES

FOOD AND DRUGS

HOUSING

FACTORY ACT, 1961

These matters are reported on in detail by the Environmental Health Inspector. Information regarding them will be found in his report.

The following information regarding factories, is, however, included here to comply with the requirement of the Statute (see next page).

FACTORIES ACT, 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

IN RESPECT OF THE YEAR 1972

Prescribed particulars on the administration of the Factories Act 1961

Part 1 of the Act

1. Inspections for purposes of provisions as to health (including inspections) made by Sanitary Inspector.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories on which Sections 1,2,3,4, and 6, are to be enforced by local Authorities.	19	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	119	46	4	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding) out-workers premises. #	7	7	-	-
Total	145	53	4	-

2. Cases in which defects were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1.)	3	3	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Unreasonable temperature (S.3.)	-	-	-	-	-
Inadequate ventilation (S.4.)	-	-	-	-	-
Ineffective drainage of floors (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)					
(a) insufficient	-	-	-	-	-
(b) unsuitable or defective	8	7	-	1	-
(c) not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to out-work).	-	-	-	-	-
Total	11	10	-	1	-

i.e. Electrical Stations (Section 123(1), Institutions (Section 124) sites of Building Operations and works of Engineering Constructions (Section 127), Slaughterhouses (Section 175 (1) (d) and (e) and Railway Running Sheds (Section 175 (2) and 10).

O U T W O R K

Part VIII of Act -- Sections 133 and 134

N I L

كتاب التفسير
في تفسير القرآن الكريم

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